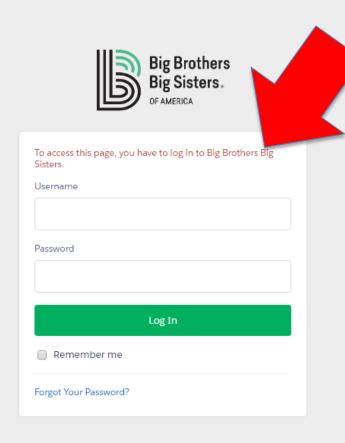# BBBSA Online Reporting Site

JJ9/MYIO2 Budget Training Webinar
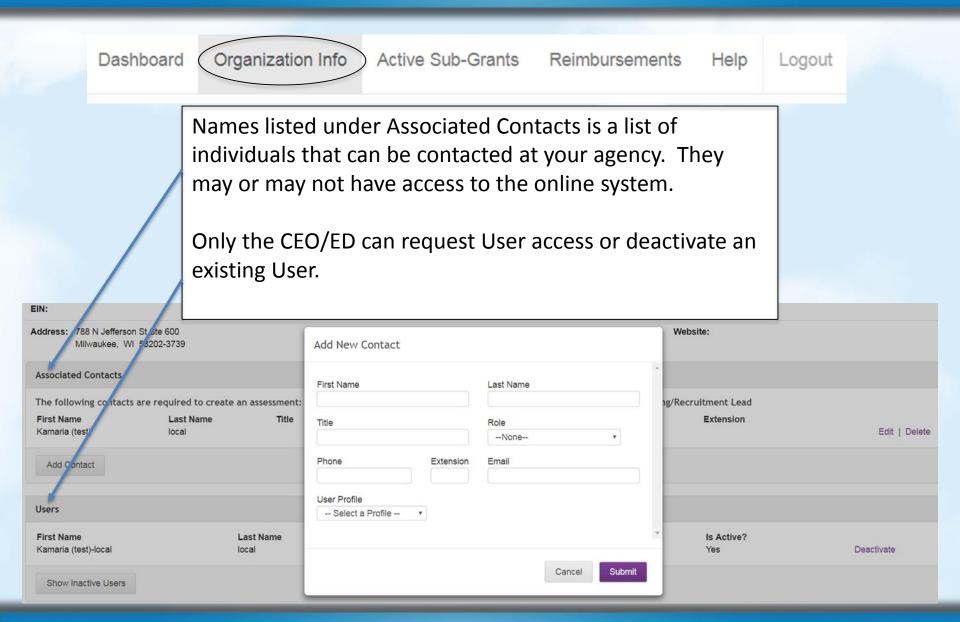
01/13/2020

Accessing the Online Reporting Site

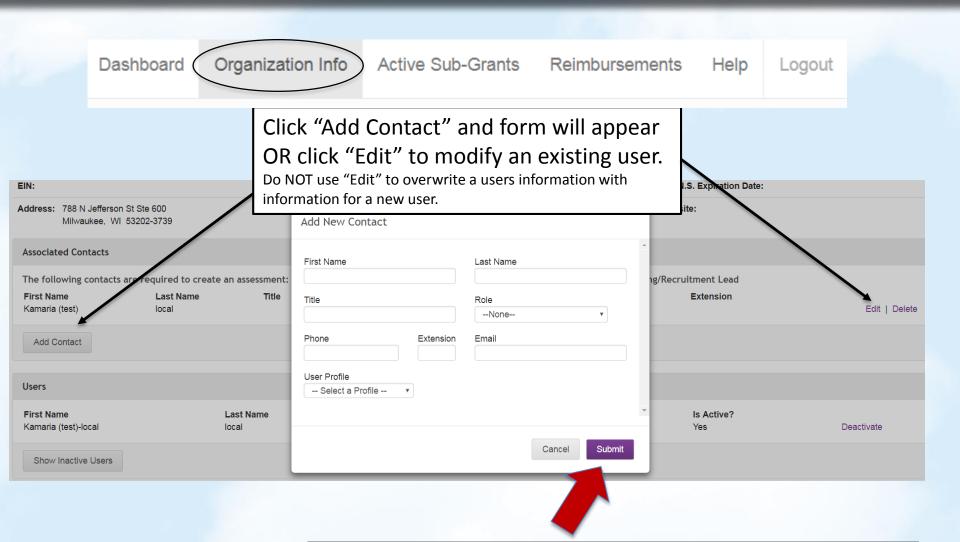In order to access the online reporting site, navigate to firstpic.force.com/bbbsa and enter your username and password.

Big Brothers Big Sisters. OF AMERICA

To access this page, you have to log in to Big Brothers Big Sisters.

Username

Password

Log In

☐ Remember me

Forgot Your Password?

CONTACTS vs. USERS

Dashboard | Organization Info | Active Sub-Grants | Reimbursements | Help | Logout

Names listed under Associated Contacts is a list of individuals that can be contacted at your agency. They may or may not have access to the online system.

Only the CEO/ED can request User access or deactivate an existing User.

EIN:

Address: 788 N Jefferson St Ste 600
Milwaukee, WI 53202-3739

Website:

Associated Contacts

The following contacts are required to create an assessment:

First Name	Last Name	Title			ng/Recruitment Lead	Extension	
Kamaria (test)	local						Edit	Delete

Add Contact

Add New Contact

First Name

Last Name

Title

Role
--None--

Phone

Extension

Email

User Profile
-- Select a Profile --

Users

First Name	Last Name				Is Active?	
Kamaria (test)-local	local				Yes	Deactivate

Show Inactive Users

Cancel | Submit

ADDING OR UPDATING USERS

Dashboard | Organization Info | Active Sub-Grants | Reimbursements | Help | Logout

Click "Add Contact" and form will appear OR click "Edit" to modify an existing user.
Do NOT use "Edit" to overwrite a users information with information for a new user.

EIN:

Address: 788 N Jefferson St Ste 600
Milwaukee, WI 53202-3739

Associated Contacts

The following contacts are required to create an assessment:

First Name	Last Name	Title
Kamaria (test)	local	

Add Contact

Add New Contact

First Name

Last Name

Title

Role
--None--

Phone

Extension

Email

User Profile
-- Select a Profile --

Cancel | Submit

ng/Recruitment Lead

Extension

Edit | Delete

Users

First Name	Last Name	Is Active?	
Kamaria (test)-local	local	Yes	Deactivate

Show Inactive Users

I.S. Expiration Date:

site:

Click "Submit" once all details have been entered – this will generate an email to let FirstPic know to activate the new user or update the existing user
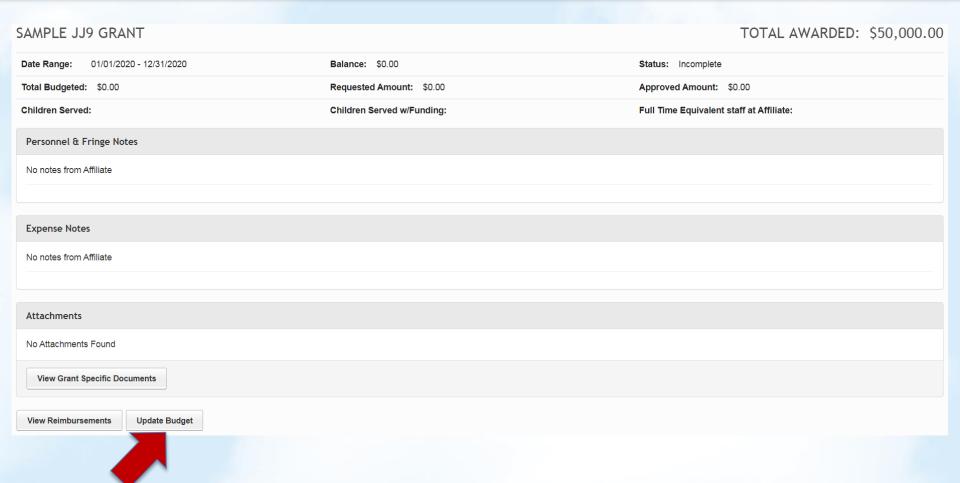
CREATE OR UPDATE YOUR BUDGET

In order to update a sub-grant budget, follow these steps:
Click on Active Sub-Grants

| Dashboard | Organization Info | Active Sub-Grants | Reimbursements | Help | Logout |

Click on the appropriate "sub-grant name" (make sure to select the JJ9 grant if there are multiple grants listed)
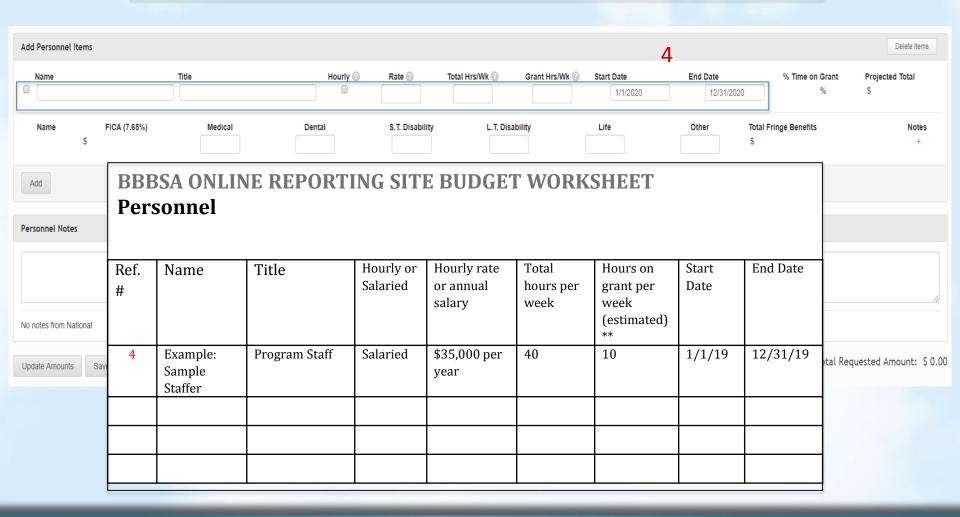
SUB-GRANTS

Grant: View All ▾   Sub-Grant Name: [   ]
Status: View All ▾   Sort By: Name ▾   **Update**

View All

Export Results   **View My Assignments**

Sub-Grant Name	Awarded	Total Budgeted	Requested Amount	Approved Amount	Balance	Status
Sample JJ8 Grant	$50,000.00	$0.00	$0.00	$0.00	$0.00	Approved
Sample JJ9 Grant	$50,000.00	$0.00	$0.00	$0.00	$0.00	Incomplete

1 - 2 of 2   « ‹ › »

View Closed Grants

SAMPLE JJ9 GRANT

TOTAL AWARDED: $50,000.00

Date Range: 01/01/2020 - 12/31/2020	**Balance:** $0.00	**Status:** Incomplete
Total Budgeted: $0.00	**Requested Amount:** $0.00	**Approved Amount:** $0.00
Children Served:	**Children Served w/Funding:**	**Full Time Equivalent staff at Affiliate:**

Personnel & Fringe Notes

No notes from Affiliate

Expense Notes

No notes from Affiliate

Attachments

No Attachments Found

[View Grant Specific Documents]

[View Reimbursements] [Update Budget]

Click on Update Budget

SAMPLE JJ9 GRANT

TOTAL: $ 50,000.00

Projected # of children served during the Grant performance period: [____] **1**

Projected # of children served with grant funding during the Grant performance period: [____] **2**

Number of Full Time Equivalent staff at Affiliate: [____] **3**

Sub-Grant Date Range: 01/01/2020 - 12/31/2020
Sub-Grant Duration: 366

Please note: If calculations seem off by small amounts, it is because totals are calculated based on the number of days in the grant period.

> To zero out a line item in your budget, use the checkbox next to the item and then click the button in the upper right that says "Mark Inactive", rather than changing the Rate to zero.

Add Personnel Items

Name	Title
Name	Fid

[Add]

Personnel Notes

Delete Items

Notes

BBBSA ONLINE REPORTING SITE BUDGET WORKSHEET

Reference Number	Field Name	Description
1	Projected # of children served during the Grant Performance Period	Projected number of youth to be served across the agency organization during the full sub-grantee period.
2	Projected # of children served with grant funding during the Grant Performance Period	Projected number of youth to be served by the appropriate grant funding during the full sub-grantee period. This is your Match Goal reported on your MOA.
3	Number of Full Time Equivalent (FTE) Staff at Agency	If an agency has the following staff: • 4 full time (@ 40 hrs/wk) = 4 FTE • 3 part time (@ 30 hrs/wk) = 2.25 FTE • 2 part time (@ 15 hrs/wk) = .75 FTE Total = 7 Full Time Equivalent staff

Enter the required information and then click Add under "Add Personnel Items"

SAMPLE JJ9 GRANT

TOTAL: $ 50,000.00

Projected # of children served during the Grant performance period: [ ] 1

Projected # of children served with grant funding during the Grant performance period: [ ] 2

Number of Full Time Equivalent staff at Affiliate: [ ] 3

Sub-Grant Date Range: 01/01/2020 - 12/31/2020
Sub-Grant Duration: 366

Please note: If calculations seem off by small amounts, it is because totals are calculated based on the number of days in the grant period.

To zero out a line item in your budget, use the checkbox next to the item and then click the button in the upper right that says "Mark Inactive", rather than changing the Rate to zero.

Add Personnel Items

Delete Items

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Start Date	End Date	% Time on Grant	Projected Total

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits	Notes

Add

Personnel Notes

ADDING PERSONNEL

Fill in the required information for each employee. Prepare the Personnel Budget Worksheet beforehand to help complete the form.

Add Personnel Items   4   Delete Items

Name	Title	Hourly	Rate	Total Hrs/Wk	Grant Hrs/Wk	Start Date	End Date	% Time on Grant	Projected Total
						1/1/2020	12/31/2020	%	$

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits	Notes
	$							$	+

Add

Personnel Notes

No notes from National

Update Amounts   Save

Total Requested Amount: $ 0.00

BBBSA ONLINE REPORTING SITE BUDGET WORKSHEET
Personnel

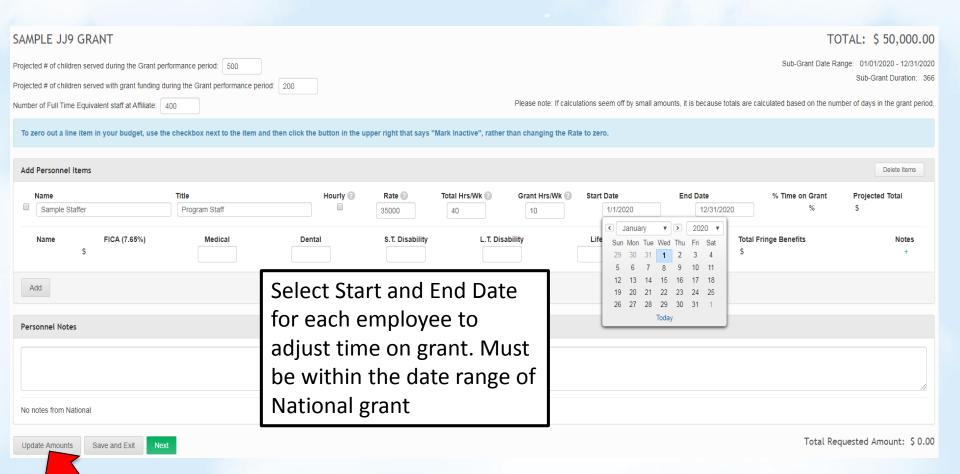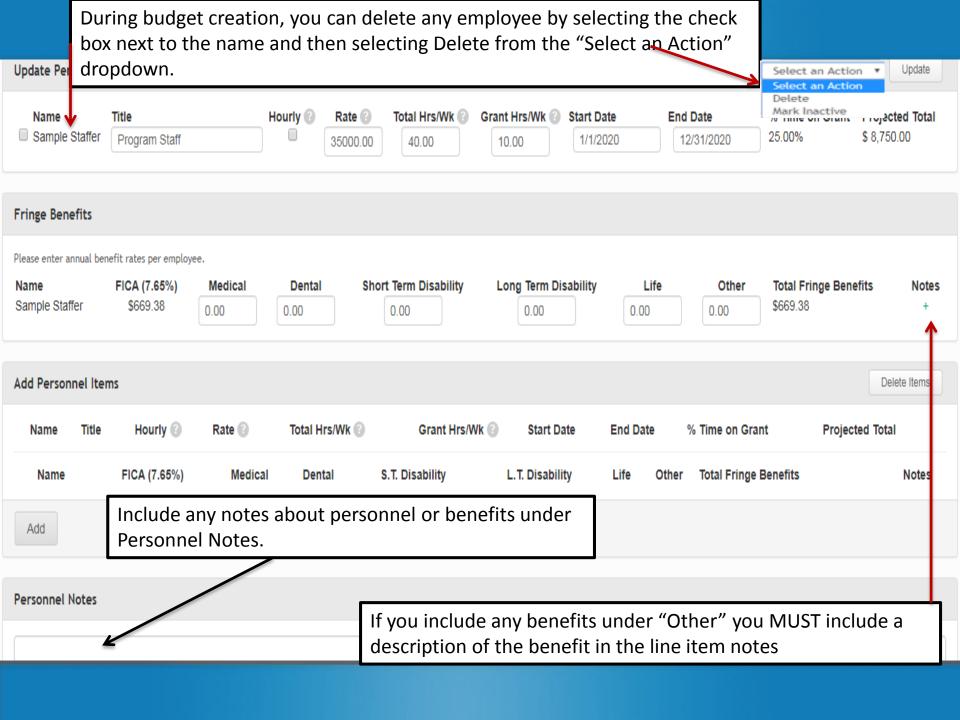| Ref. #	Name	Title	Hourly or Salaried	Hourly rate or annual salary	Total hours per week	Hours on grant per week (estimated) **	Start Date	End Date
4	Example: Sample Staffer	Program Staff	Salaried	$35,000 per year	40	10	1/1/19	12/31/19

ADDING FRINGE BENEFITS

Fill in the required information for each employee. Prepare the Personnel Budget Worksheet beforehand to help complete the form

Add Personnel Items

Name	Title	Hourly	Rate	Total Hrs/Wk	Grant Hrs/Wk	Start Date	End Date	% Time on Grant	Projected Total
						1/1/2020	12/31/2020	%	$

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	5 Other	Total Fringe Benefits	Notes
$								$	+

Add

Personnel Notes

No notes from National

Update Amounts   Save and Exit

Requested Amount: $ 0.00

BBBSA ONLINE REPORTING SITE BUDGET WORKSHEET

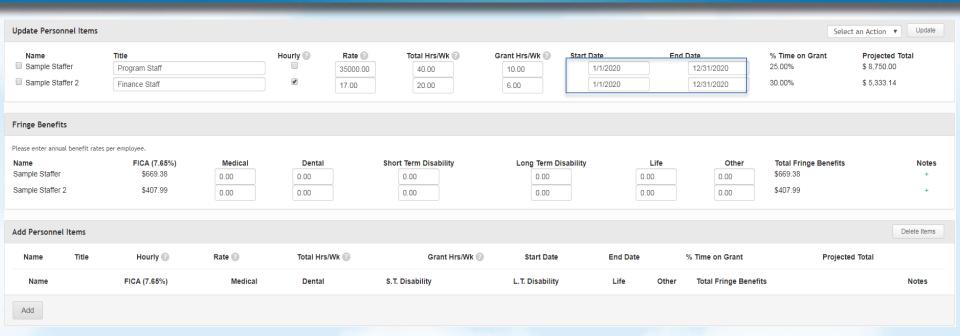| Ref. #	Name	FICA	Medical	Dental	Short Term Disability (ST disability)	Long Term Disability (LT disability)	Life Insurance (Life)	Other
	(this will be automatically updated when you click on update amounts)	(this will be automatically updated based on 7.65% of the employee's total salary)*	• Include ONLY annual benefit costs paid by the agency organization, not those paid by the employee • Any benefits derived by % of salary (i.e. 401K match, etc.) must be calculated out to determine the annual cost • For any benefits not named (401K match, SUTA, etc.), add up the total annual cost of these benefits and enter it as one lump sum under "other") – Please remember to add notes when entering the "other" benefits in the system.					
5	Sample Staffer		$1,200	$400	$300	$500	$500	$1,245

Enter the information for each employee that has been collected on the Personnel Budget Worksheet. Click "Add" to add an additional employee

SAMPLE JJ9 GRANT   TOTAL: $ 50,000.00

Projected # of children served during the Grant performance period: [500]

Projected # of children served with grant funding during the Grant performance period: [200]

Number of Full Time Equivalent staff at Affiliate: [400]

Sub-Grant Date Range: 01/01/2020 - 12/31/2020
Sub-Grant Duration: 366

Please note: If calculations seem off by small amounts, it is because totals are calculated based on the number of days in the grant period.

To zero out a line item in your budget, use the checkbox next to the item and then click the button in the upper right that says "Mark Inactive", rather than changing the Rate to zero.

Add Personnel Items   [Delete Items]

	Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Start Date	End Date	% Time on Grant	Projected Total
☐	Sample Staffer	Program Staff	☐	35000	40	10	1/1/2020	12/31/2020	%	$

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Total Fringe Benefits	Notes
$							$	+

<	January ▾	>	2020 ▾
Sun	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
			Today			

[Add]

Select Start and End Date for each employee to adjust time on grant. Must be within the date range of National grant

Personnel Notes

No notes from National

[Update Amounts] [Save and Exit] [Next]   Total Requested Amount: $ 0.00

Click Update Amounts at any point to view calculations.

During budget creation, you can delete any employee by selecting the check box next to the name and then selecting Delete from the "Select an Action" dropdown.

Update Per

Select an Action ▼   Update
Select an Action
Delete
Mark Inactive

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Start Date	End Date	% Time on Grant	Projected Total
☐ Sample Staffer	Program Staff	☐	35000.00	40.00	10.00	1/1/2020	12/31/2020	25.00%	$ 8,750.00

Fringe Benefits

Please enter annual benefit rates per employee.

Name	FICA (7.65%)	Medical	Dental	Short Term Disability	Long Term Disability	Life	Other	Total Fringe Benefits	Notes
Sample Staffer	$669.38	0.00	0.00	0.00	0.00	0.00	0.00	$669.38	+

Add Personnel Items

Delete Items

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Start Date	End Date	% Time on Grant	Projected Total

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits	Notes

Add

Include any notes about personnel or benefits under Personnel Notes.

Personnel Notes

If you include any benefits under "Other" you MUST include a description of the benefit in the line item notes

SALARIED PERSONNEL CALCULATION (FULL YEAR)

Update Personnel Items

Select an Action ▼ | Update

Name	Title	Hourly ⓘ	Rate ⓘ	Total Hrs/Wk ⓘ	Grant Hrs/Wk ⓘ	Start Date	End Date	% Time on Grant	Projected Total
☐ Sample Staffer	Program Staff	☐	35000.00	40.00	10.00	1/1/2020	12/31/2020	25.00%	$ 8,750.00
☐ Sample Staffer 2	Finance Staff	☑	17.00	20.00	6.00	1/1/2020	12/31/2020	30.00%	$ 5,333.14

Fringe Benefits

Please enter annual benefit rates per employee.

Name	FICA (7.65%)	Medical	Dental	Short Term Disability	Long Term Disability	Life	Other	Total Fringe Benefits	Notes
Sample Staffer	$669.38	0.00	0.00	0.00	0.00	0.00	0.00	$669.38	+
Sample Staffer 2	$407.99	0.00	0.00	0.00	0.00	0.00	0.00	$407.99	+

Add Personnel Items

Delete Items

Name	Title	Hourly ⓘ	Rate ⓘ	Total Hrs/Wk ⓘ	Grant Hrs/Wk ⓘ	Start Date	End Date	% Time on Grant	Projected Total
Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits	Notes

Add

Salaried Personnel Calculations:

$35,000/(40hrs x (366/7) weeks)=$16.73 per hour

$16.73 x 10 hrs/week= $167.30 per week

(366/7) = weeks the employee will work on grant

$167.30 x (366/7) = $8,750

SALARIED PERSONNEL CALCULATION (PARTIAL YEAR)

Add Personnel Items

Delete Items

Name	Title	Hourly	Rate	Total Hrs/Wk	Grant Hrs/Wk	Start Date	End Date	% Time on Grant	Projected Total
Sample	Staffer 3		47000	40	12	4/1/2020	12/31/2020	30.0%	$10,593.00

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits	Notes
Sample	$810.36	0	0	0	0	0	0	$ 812.68	+

Add

Personnel Notes

Salaried Personnel Calculations:

$47,000/(40hrs x (366/7) weeks)=$22.47 per hour

$22.47 x 12 hrs/week= $269.64 per week

275 = Actual days on grant (based on Start/End Date)

(275/7) = actual weeks on grant

$269.64 x (275/7) = $10,593.00

HOURLY PERSONNEL CALCULATION (FULL YEAR)

Update Personnel Items

Select an Action ▾ | Update

Name	Title	Hourly ⓘ	Rate ⓘ	Total Hrs/Wk ⓘ	Grant Hrs/Wk ⓘ	Start Date	End Date	% Time on Grant	Projected Total
☐ Sample Staffer	Program Staff	☐	35000.00	40.00	10.00	1/1/2020	12/31/2020	25.00%	$ 8,750.00
☐ Sample Staffer 2	Finance Staff	☑	17.00	20.00	6.00	1/1/2020	12/31/2020	30.00%	$ 5,333.14

Fringe Benefits

Please enter annual benefit rates per employee.

Name	FICA (7.65%)	Medical	Dental	Short Term Disability	Long Term Disability	Life	Other	Total Fringe Benefits	Notes
Sample Staffer	$669.38	0.00	0.00	0.00	0.00	0.00	0.00	$669.38	+
Sample Staffer 2	$407.99	0.00	0.00	0.00	0.00	0.00	0.00	$407.99	+

For hourly employees, check the box under 'Hourly'

Hourly Personnel Calculations:

$17 per hour

$17 x 6 hrs/week = $102 per week

(366/7) = weeks employee will work on grant

$102 x (366/7) = **$5,333.14**

Update Personnel Items

Select an Action ▾ | Update

Name	Title	Hourly ⊙	Rate ⊙	Total Hrs/Wk ⊙	Grant Hrs/Wk ⊙	Start Date	End Date	% Time on Grant	Projected Total
☐ Sample Staffer	Program Staff	☐	35000.00	40.00	10.00	1/1/2020	12/31/2020	25.00%	$ 8,750.00
☐ Sample Staffer 2	Finance Staff	☑	17.00	20.00	6.00	1/1/2020	12/31/2020	30.00%	$ 5,333.14

Fringe Benefits

Please enter annual benefit rates per employee.

Name	FICA (7.65%)	Medical	Dental	Short Term Disability	Long Term Disability	Life	Other	Total Fringe Benefits	Notes
Sample Staffer	$669.38	0.00	0.00	0.00	0.00	0.00	0.00	$669.38	+
Sample Staffer 2	$407.99	0.00	0.00	0.00	0.00	0.00	0.00	$407.99	+

Personnel Notes

No notes from National

Click "Update Amounts" after entering the salary and hours to have the system auto-calculate FICA

Update Amounts | Save and Exit | Next

Budget Calculations - How FICA and Total Fringe are calculated

Update Personnel Items

Select an Action ▼   Update

Name	Title	Hourly	Rate	Total Hrs/Wk	Grant Hrs/Wk	Start Date	End Date	% Time on Grant	Projected Total
☐ Sample Staffer	Program Staff	☐	35000.00	40.00	10.00	1/1/2020	12/31/2020	25.00%	$ 8,750.00
☐ Sample Staffer 2	Finance Staff	☑	17.00	20.00	6.00	1/1/2020	12/31/2020	30.00%	$ 5,333.14

Fringe Benefits

Please enter annual benefit rates per employee.

Name	FICA (7.65%)	Medical	Dental	Short Term Disability	Long Term Disability	Life	Other	Total Fringe Benefits	Notes
Sample Staffer	$669.38	1200	400	300	500	500	1245	$1,705.63	+
Sample Staffer 2	$407.99	0.00	0.00	0.00	0.00	0.00	0.00	$407.99	+

[Projected Total] x 7.65% = FICA

[Total Fringe] – all amounts entered are annual costs to the organization:
([Medical]+[Dental]+[STD]+[LTD]+[Life]+[Other]) x [% Time on Grant] + [FICA] x [Grant years]
Example:
PREMIUM BASED BENEFITS: (1,200+400+300+500+500+1245) = 4,145
4145 x 25% = $1,036.25
FICA: $8,750 x 0.0765 = $669.38
TOTAL FRINGE BENEFITS: $1,036.25 + $669.38 = $1,705.63

FICA is auto-calculated in the budget form. If your organization participates in a cafeteria plan you will be able to enter the exact FICA paid in the reimbursement requests. FICA is always 7.65% but may not be charged against the full salary if pre-tax deductions are take out.

Budget Calculations - How FICA and Total Fringe are calculated

Add Personnel Items

Delete Items

Name	Title	Hourly	Rate	Total Hrs/Wk	Grant Hrs/Wk	Start Date	End Date	% Time on Grant	Projected Total
Sample	Staffer 3	☐	47000	40	12	4/1/2020	12/31/2020	30.0%	$10,593.00

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits	Notes
Sample	$810.36	1200	400	300	500	500	1245	$1,744.68	+

Add

Personnel Notes

[Total Fringe] – all amounts entered are annual costs to the organization:

([Medical]+[Dental]+[STD]+[LTD]+[Life]+[Other]) x [% Time on Grant] + [FICA] x [Grant years]

Example:

PREMIUM BASED BENEFITS: (1,200+400+300+500+500+1245) = $4,145

4145 x 30% (time on grant) x 275/366 (% of year on grant) = $934.32

FICA = $10,593.00 (calculated grant salary) x 0.0765 = $810.36

TOTAL FRINGE BENEFITS: $934.32 + $810.36 = **$1,744.68**

FICA is auto-calculated in the budget form. If your organization participates in a cafeteria plan you will be able to enter the exact FICA paid in the reimbursement requests. FICA is always 7.65% but may not be charged against the full salary if pre-tax deductions are take out.

Add Personnel Items

Name	Title	Hourly	Rate	Total Hrs/Wk	Grant Hrs/Wk	Effective Date	% Time on Grant	Projected Total
Sample Staffer	Program Staff					10/1/2017	25.0%	$ 8,775.64
Hourly Staffer	Match Support					10/1/2017	25.0%	$ 4,432.14

Notes for Sample Staffer

Employee receives 401K match which equals $300 per year
Organization pays 2.7% State Unemployment Tax = $945

No Notes from National

Save and Close

Name	FICA (7.65%)	Medical		Other	Total Fringe Benefits	Notes
Sample Staffer	$ 671.34	1200		1245	$ 1,707.59	💬
Hourly Staffer	$ 339.06	0		0	$ 339.06	+

Add

Personnel Notes

If you include any benefits under "other", you must add a note to explain what these benefits are and how they were calculated.

Any percentage based benefits must be calculated out and entered into "other" at the annual cost to the organization.

If there are multiple "other" benefits, add the total annual costs together and include as a lump sum in the "other" category. Then provide a note explaining how you arrived at the entered amount.

Please enter annual benefit rates per employee.

Name	FICA (7.65%)	Medical	Dental	Short Term Disability	Long Term Disability	Life	Other	Total Fringe Benefits	Notes
Sample	$812.68	1200.00	400.00	300.00	500.00	500.00	1245.00	$1,749.56	+
Sample Staffer	$669.38	1200.00	400.00	300.00	500.00	500.00	1245.00	$1,705.63	+
Sample Staffer 2	$406.87	1200.00	400.00	300.00	500.00	500.00	1245.00	$1,650.37	+

Add Personnel Items   Delete Items

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Start Date	End Date	% Time on Grant	Projected Total

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits	Notes

Add

Personnel Notes

No notes from National

Update Amounts   Save and Exit   Next

When finished, click "Next" and it will save your work and take you to the next page.

Total Requested Amount: $ 29,797.42

Total Requested Amount includes any costs entered on the next page as well. Changes to grant hours per week for staff will impact FTE which will not be applied to the expenses until you move to the next page.

When to use & how it impacts calculations

- When originally creating project budget, agencies are able to apply an indirect cost rate rather than using FTE and TCS
  - If the agency does not have a negotiated indirect rate with a federal entity, they can use the de minimis 10% rate; however, if they have an expired indirect cost rate, they cannot use an indirect cost rate until it is renewed.
  - Certain costs cannot be included if using an indirect rate.
  - Agencies cannot change from factor values to indirect rate, or vice versa, after the initial budget approval.

USING AN INDIRECT COST RATE

- If you are using an indirect rate, select "Yes" and then enter the Indirect Rate.
- If you do not have a negotiated indirect rate then you can use the 10% de minimis rate.
- If you have an active approved indirect cost rate and wish to use it for the full JJ9 cycle, you will enter the % here. Please be sure to upload a copy of the active approved indirect cost rate agreement within the budget (covered in future slides).

USING AN INDIRECT COST RATE

Add Expense Items

Delete

Item Name	Category	Monthly Rate ❓	Total Expense ❓	Amount Allocated to Grant	Notes
☐ Background Checks	Child Safety ▼	100	1200	$ 1,200.00	+

Add

Expense Notes

[   ]

No notes from National

Attachments

Upload Attachments

Modified Direct Cost

Total Requested for Personnel: $ 29,797.42

Total Requested for Expenses: $ 1,200.00

Total Indirect Cost: ($ 29,797.42 + $ 1,200.00) * 10.0% = **$ 3,099.74**

Previous | Update Amounts | Save and Exit | Submit   Total Requested Amount: $ 34,097.16

When using an indirect rate, enter direct expenses and they will be used in the Indirect Cost calculations at the bottom of the page.   Please remember that when using the indirect cost rate, any expense using a factor value is not allowable.

USING FACTOR VALUES

- Enter Description of Item and the Category under which it falls
- If you want the system to autofill an amount for each Reimbursement Request, you can enter a Monthly Rate. The Monthly Rate is not a required field.
- [Total expense] is the total amount across the full grant
- Select a Factor Type
    - FTE – Full Time Effort (see next slide)
    - TCS – Total Children Served
    - Other – Once you click "Update Amount" you will be able to enter a percentage
- When using "Other", you must provide a note explaining how you reached the percentage provided

After entering the expense item, select the appropriate factor value. These amounts do not have to match those in the reimbursements.

Full Time Effort = Sum of 'Hours on Grant' / Total FTE at agency

% Children Served = Number of youth served with grant funding / Number of youth served

If you make a mistake and need to delete a line item and the purple "x" is not visible, select the item and then select "Delete" in the "Update Expense Items" Row; and click on "Update"

You should not use the "Mark Inactive" during the budget development. This is only for use during a budget update after you have discussed with your grant accountant the need to inactivate a line item.

Name	Monthly Rate	Total Expense	Factor Type		Factor Value	Amount Allocated to Grant	Notes
Program Supplies	0.00	500.00	TCS	▼	40.0%	$ 200.00	+

Add Expense Items   Delete

Item Name	Category	Monthly Rate	Total Expense	Factor Value	Factor %	Amount Allocated to Grant	Notes

Add

Expense Notes

No notes from National

Attachments

Upload Attachments

Previous | Update Amounts | Save and Exit | Submit   Amount: $ 31,798.42

Backup documentation such as rental agreements, accounting contracts or other annual costs can be uploaded here to prevent having to include with each reimbursement.

The following documents must be attached to your budget:
- active approved Federal indirect rate agreements (if applicable)
- PII policy
- procurement policy
- forthcoming determination of suitability policy

You must provide a name for the file, chose the file and then select "Upload"

Files must be less than 5mb and must be PDFs

If you have a PDF that is too large, you can compress the file size here: https://smallpdf.com/compress-pdf

TEST GRANT

TOTAL: $100,000.00

Sub-Grant Date Range 01/01/2020 - 12/31/2020

Full Time Effort: 0.2%
% Children Served: 40.0%

To zero out a line item in your budget, use the checkbox next to the item and then click the button in the upper right that says "Mark Inactive", rather than changing the Total Expense to zero.

Add Expense Items

Delete

	Item Name	Category	Monthly Rate	Total Expense	Factor Value	Factor %	Amount Allocated to Grant
☐	Miscellaneous	Other Costs ▼	0	1.48	Other ▼	100.0	$ 1.48

These two totals must match

Add

If you are off by only a few dollars, you can create a Miscellaneous line item for that amount with 100% "Other" FTE in order to get the budget to match the Total Awarded Amount.

Expense Notes

No notes from National

Attachments

Upload Attachments

Previous | Update Amounts | Save and Exit | Submit

Total Requested Amount: $ 99,999.90

When finished, click "Submit"

BBBSA Online Reporting Site

JJ9/MYIO2 Reimbursement Request

Training Webinar

01/13/2020

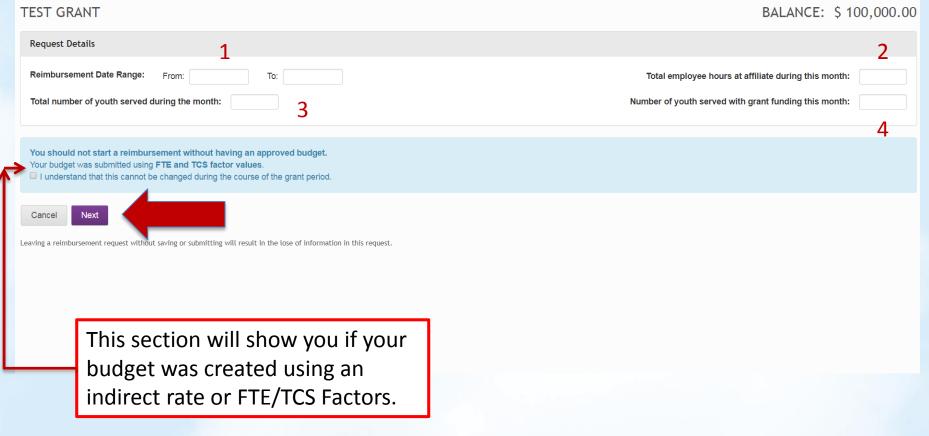In order to create a reimbursement, follow these steps:
Click on Active Sub-Grants

Click on "Request Reimbursement" at the bottom of the grant details page

TEST GRANT   BALANCE: $ 100,000.00

Request Details

Reimbursement Date Range: From: [   ]   To: [   ]   **1**   Total employee hours at affiliate during this month: [   ] **2**

Total number of youth served during the month: [   ] **3**   Number of youth served with grant funding this month: [   ] **4**

You should not start a reimbursement without having an ap[...]
Your budget was submitted using **FTE and TCS** factor values. [...]
☐ I understand that this cannot be changed during the course of [...]

[Cancel] [Next]

Leaving a reimbursement request without saving or submitting will result in [...]

Reference Number	Field Name	Description
1	Date Range of reimbursement	Enter the date range for the reimbursement period. Reimbursements are submitted for each calendar month.
2	Total employee hours at agency during the month	Total number of hours worked by ALL employees at your organization (Include grant and non-grant employees).
3	Number of all youth served agency-wide during the month	The total number of Total Children Served (TCS) agency-wide during the request month. Use the Matchforce report (Last Month TCS – All Matches).
4	Number of youth served with grant funding during this month	The number of Total Children Served with JJ9/MYIO2 funds (JJ9/MYIO2 TCS) during the request month. Use the Matchforce report: JJ9 (or MYIO2) – Last Month Children Served.

Enter the required information

TEST GRANT   BALANCE: $ 100,000.00

Request Details

1   2

Reimbursement Date Range: From: [   ]   To: [   ]   Total employee hours at affiliate during this month: [   ]

Total number of youth served during the month: [   ]   3   Number of youth served with grant funding this month: [   ]

4

You should not start a reimbursement without having an approved budget.
Your budget was submitted using **FTE and TCS factor values**.
☐ I understand that this cannot be changed during the course of the grant period.

[Cancel] [Next]

Leaving a reimbursement request without saving or submitting will result in the lose of information in this request.

This section will show you if your budget was created using an indirect rate or FTE/TCS Factors.
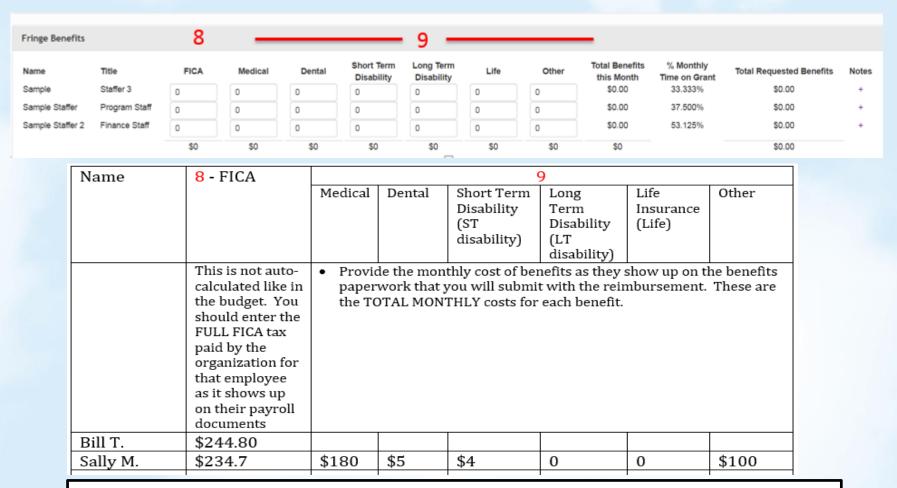
* You will not be able to change this throughout the grant period

Information for each employee will be auto-entered based on your budget.

TEST GRANT

BALANCE: $ 100,000.00

Reimbursement Date Range:	01/01/2019 - 01/31/2019	Total FTE at affiliate during this month: 1,200	Full Time Effort: 15.417%
Number of youth served during the month: 250		Number of youth served with grant funding this month: 25	% Children Served: 10.000%

Personnel

5   **6**   **7**

Name	Title	Hours this Month	Hours on Grant	Hourly Rate	Total Monthly Salary/Payroll	% Monthly Time on Grant	Requested Total
Sample	Staffer 3	120	40	22.53	$2703.60	33.333%	$901.20
Sample Staffer	Program Staff	160	60	16.78	$2684.80	37.500%	$1006.80
Sample Staffer 2	Finance Staff	160	85	17.00	$2720.00	53.125%	$1445.00

Name	Title	5 - Hours this month	6 - Hours on grant	7 - Hourly Rate
(this will be auto-filled from your budget)	(this will be auto-filled from your budget)	Total hours worked by this person during the month	Total hours worked on JJ9/MYIO2 grant	This will be carried over from budget. It is the either the hourly rate you entered for a hourly employee, or a calculated hourly rate for a salaried employee. YOU CAN CHANGE THIS IN THE REIMBURSMENT IF IT IS INCORRECT OR HAS CHANGED.*
Example: Bill T.	Match Specialist	160	30	$20
Example: Sally M.	Program Coordinator	160	80	19.18

Notes
+
+
+

Please note that clicking "Update Amounts" will allow the system to calculate amounts in the form.

Information for each employee will be auto-entered based on your budget.

Fringe Benefits — 8 ——— 9 ———

Name	Title	FICA	Medical	Dental	Short Term Disability	Long Term Disability	Life	Other	Total Benefits this Month	% Monthly Time on Grant	Total Requested Benefits	Notes
Sample	Staffer 3	0	0	0	0	0	0	0	$0.00	33.333%	$0.00	+
Sample Staffer	Program Staff	0	0	0	0	0	0	0	$0.00	37.500%	$0.00	+
Sample Staffer 2	Finance Staff	0	0	0	0	0	0	0	$0.00	53.125%	$0.00	+
		$0	$0	$0	$0	$0	$0	$0	$0		$0.00	

Name	8 - FICA				9			
		Medical	Dental	Short Term Disability (ST disability)	Long Term Disability (LT disability)	Life Insurance (Life)	Other	
	This is not auto-calculated like in the budget. You should enter the FULL FICA tax paid by the organization for that employee as it shows up on their payroll documents	• Provide the monthly cost of benefits as they show up on the benefits paperwork that you will submit with the reimbursement. These are the TOTAL MONTHLY costs for each benefit.						
Bill T.	$244.80							
Sally M.	$234.7	$180	$5	$4	0	0	$100	

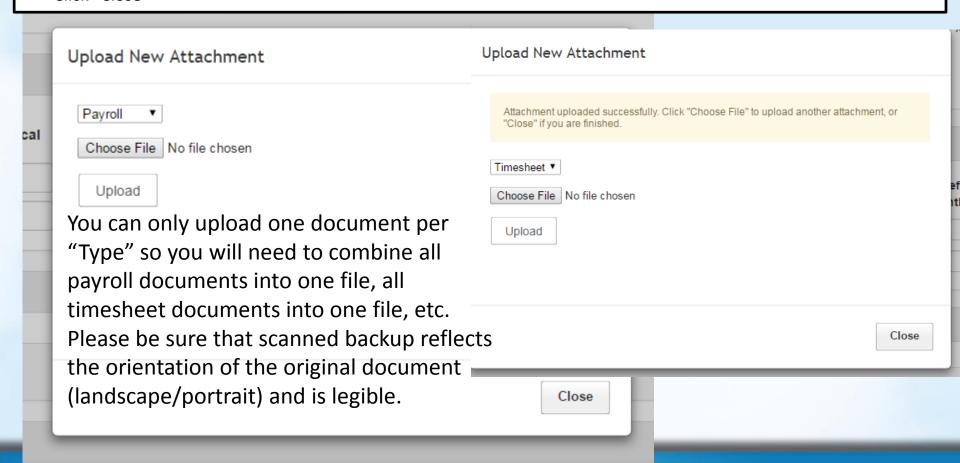Please note that clicking "Update Amounts" will allow the system to calculate amounts in the form.

Unlike with the budget, you will need to enter FICA.
Calculate FICA based on the Total Monthly Salary/Payroll.

Fringe Benefits

Name	Title	FICA	Medical	Dental	Short Term Disability	Long Term Disability	Life	Other	Total Benefits this Month	% Monthly Time on Grant	Total Requested Benefits	Notes
Sample	Staffer 3	206.83	0	0	0	0	0	0	$206.83	33.333%	$68.94	+
Sample Staffer	Program Staff	205.39	0	0	0	0	0	0	$205.39	37.500%	$77.02	+
Sample Staffer 2	Finance Staff	208.08	0	0	0	0	0	0	$208.08	53.125%	$110.54	+
		$620.30	$0	$0	$0	$0	$0	$0	$620.30		$256.50	

Attachments

Upload Attachments

Personnel & Fringe Notes

If there are benefits in the "other" category,
please be sure to use the notes option for additional
detail to speed the review process.

Previous   Update Amounts   Save and Exit   Next

Total Requested Amount: $ 3,609.50

When you click on Upload Attachments you will be required to submit these documents before you can proceed to the next page:
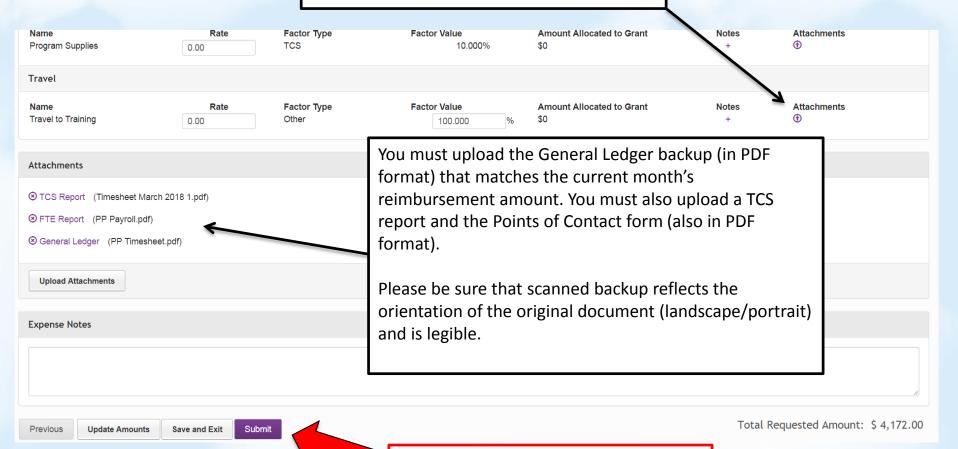
- Select "Payroll", then select "Choose File", and select your payroll document. Then click "Upload"
- You will see a notice that your attachment was successfully uploaded
- Select Timesheet and upload your timesheet documentation
- The "Points of Contact" form should be uploaded on each request under "Other Personnel Documentation".
- If the reimbursement contains employer paid benefits for employees working on the grant, you must upload back-up documentation as well
- Click "Close"

Upload New Attachment

Payroll ▼

Choose File No file chosen

Upload

You can only upload one document per "Type" so you will need to combine all payroll documents into one file, all timesheet documents into one file, etc. Please be sure that scanned backup reflects the orientation of the original document (landscape/portrait) and is legible.

Upload New Attachment

Attachment uploaded successfully. Click "Choose File" to upload another attachment, or "Close" if you are finished.

Timesheet ▼

Choose File No file chosen

Upload

Close

Close

FTE and TCS for the month have been calculated based on the hours entered in the previous two screens

TEST GRANT

BALANCE: $ 100,000.00

| Reimbursement Date Range: | 01/01/2019 - 01/31/2019 | Total FTE at affiliate during this month: | 1,200 | Full Time Effort: | 15.417% |
| Number of youth served during the month: | 250 | Number of youth served with grant funding this month: | 25 | % Children Served: | 10.000% |

Expenses

Child Safety

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Background Checks	100.00	Other	100.000 %	$100.00	+	⊕

Equipment

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Laptop	500.00	FTE	15.417%	$77.08	+	⊕

Facilities

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Rent	2,500.00	FTE	15.417%	$385.42	+	⊕

Other Costs

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Miscellaneous	0.00	Other	100.000 %	$0	+	⊕

Factor Value Type are carried over from the budget for each line item

If you entered a non-FTE or TCS (Other) factor value in the budget, you can edit it here in each monthly reimbursement

Monthly rates entered in the budget are auto-entered but can be changed

Please remember to attach any backup for expense line items included with the reimbursement for review

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Program Supplies	0.00	TCS	10.000%	$0	+	⊕

Travel

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Travel to Training	0.00	Other	100.000 %	$0	+	⊕

You must upload the General Ledger backup (in PDF format) that matches the current month's reimbursement amount. You must also upload a TCS report and the Points of Contact form (also in PDF format).

Please be sure that scanned backup reflects the orientation of the original document (landscape/portrait) and is legible.

Attachments

⊗ TCS Report   (Timesheet March 2018 1.pdf)

⊗ FTE Report   (PP Payroll.pdf)

⊗ General Ledger   (PP Timesheet.pdf)

Upload Attachments

Expense Notes

Previous   Update Amounts   Save and Exit   Submit

Total Requested Amount: $ 4,172.00

When finished, click "Submit"

Reimbursements will go through a stringent approval process. You can see the status of your reimbursements under the "Reimbursements" tab.

REIMBURSEMENT REQUESTS

Request Id: [_____] Grant: [████████████████████] ▾

Status: View All ▾   Sort By: Request Date ▾   **Update**

View All   **Export Results**

Request Id	Sub-Grant Name	Start Date	End Date	Request Date	Requested Amount	Status
R-3732	JJ7-	10/1/2017	10/31/2017	12/18/2017	$3,131.41	Paid
R-4030	JJ7-	11/1/2017	11/30/2017	1/5/2018	$4,750.08	Paid
R-4290	JJ7-	12/1/2017	12/31/2017	1/11/2018	$9,978.58	Paid
R-4519	JJ7-	1/1/2018	1/31/2018	2/12/2018	$9,824.37	Paid
R-4812	JJ7-	2/1/2018	2/28/2018	3/12/2018	$10,249.00	Paid
R-5180	JJ7-	3/1/2018	3/31/2018	4/9/2018	$11,020.22	Paid
R-5525	JJ7-	4/1/2018	4/30/2018	5/9/2018	$10,274.41	Paid
R-5833	JJ7-	5/1/2018	5/31/2018	6/8/2018	$10,947.19	Paid
R-6303	JJ7-	6/1/2018	6/30/2018	7/12/2018	$8,733.15	Paid
R-6730	JJ7-	7/1/2018	7/31/2018	8/15/2018	$11,757.92	Paid
R-6977	JJ7-	8/1/2018	8/31/2018	9/12/2018	$11,361.40	Paid
R-7491	JJ7-	9/1/2018	9/30/2018	10/17/2018	$10,016.45	Paid
R-7910	JJ7-	10/1/2018	10/31/2018	11/9/2018	$7,955.82	Paid
R-8297	JJ7-			12/10/2018	$0.00	Incomplete
R-8300	JJ7-	11/1/2018	11/30/2018	12/10/2018	$0.00	Paid
R-8638	JJ7-	12/1/2018	12/31/2018	1/4/2019	$0.00	Approved

1 - 16 of 16   «   ‹   ›   »

Contact Information

Kamaria Frazier or David Cook: 443-302-2080 or support@firstpic.org (Reporting Site)

Kim Materazzo: 813-606-5060 or kim.materazzo@bbbsa.org (All other grant related questions)