Reimbursement Request Submission for NCAI Fund Victim Services Micro-grant Program

OCTOBER 7, 2020
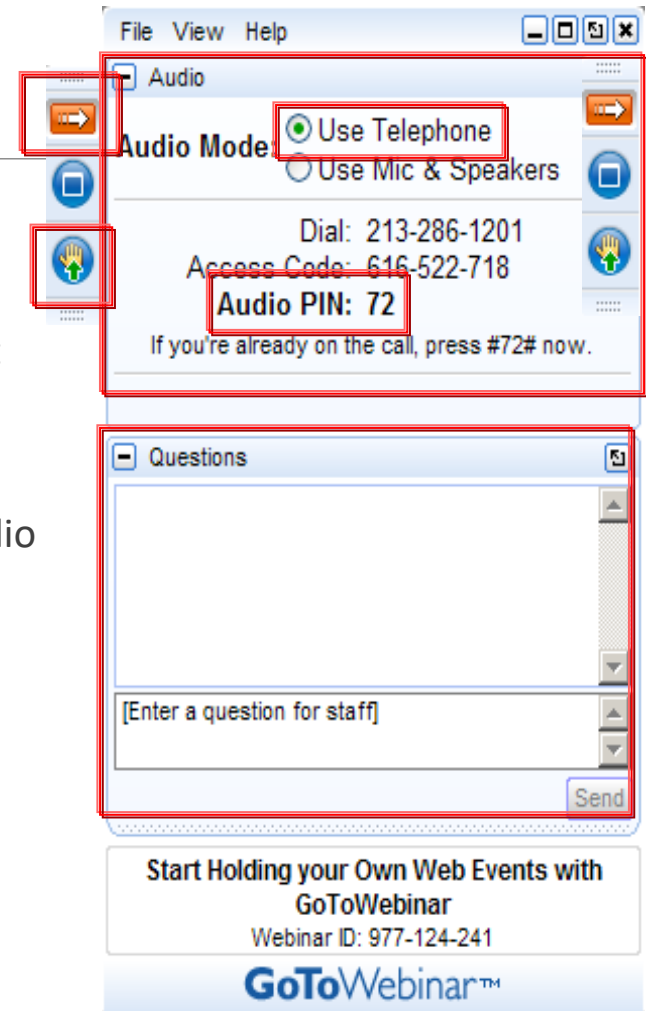
Before we begin…

Here are some friendly housekeeping reminders:

1. Your control panel will appear on your user screen.

2. To minimize the control panel, use the orange arrow at the top left panel.

3. All attendees will be muted during the presentation.

4. Once you call into the meeting call line, enter your Audio PIN shown on your control panel.
   i. In Audio: you can view, select, and test your audio.

5. Use the questions box on your panel to submit questions and responses via text.

6. During the discussion portion, please 'raise' your hand by clicking the hand icon to signal to be unmuted.

7. Everyone will receive an email with a link to a survey about today's session.

8. A recording of the webinar will be made available on www.tribalvictimservices.org.

File   View   Help

Audio

Audio Mode: ○ Use Telephone
              ○ Use Mic & Speakers

Dial: 213-286-1201
Access Code: 616-522-718
Audio PIN: 72

If you're already on the call, press #72# now.

Questions

[Enter a question for staff]

Send

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Webinar ID: 977-124-241

GoToWebinar™

Welcome

<u>Goal</u>: Provide guidance on how to successfully submit your reimbursement requests for the NCAI Fund Victim Services Micro-grant Program.

<u>Panelists</u>:
- Matthew Bieler, Sr. Project Coordinator, FirstPic, Inc.
- Robin Paterson, Project Manager, FirstPic, Inc.
- Kelly Crowe, Project Director, FirstPic, Inc.

Reimbursement Request Process

- Reimbursement requests must be submitted at least every two months according to the following schedule.

Reporting Period (based on closest pay period)	Due Date
October 2020 – November 2020	December 15, 2020
December 2020 - January 2021	February 15, 2021
February 2021 - March 2021	April 15, 2021
April 2021 - May 2021	June 15, 2021
June 2021 - July 2021	August 16, 2021
August 2021 - September 2021	October 15, 2021
October 2021 – November 2021	December 15, 2021
December 2021 - January 2022	February 15, 2022
February 2022 - March 2022	April 15, 2022
April 2022 - May 2022	June 15, 2022
June 2022 (FINAL)	July 15, 2022

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Reimbursement Request Process (cont'd)

- Reimbursement requests may be submitted more frequently.

- Reimbursement requests submitted later than the required schedule may experience a delay in processing.

- Reimbursement requests are submitted based on the expenses included in your approved budget.

- **If you have any questions about whether expenditures are permissible, contact us to ask <u>BEFORE</u> incurring the expense. We <u>cannot</u> reimburse for impermissible costs.**

Reimbursement Request Process (cont'd)

FirstPic, Inc. reviews request
(Levels 1 and 2 review)

NCAI reviews request
(Levels 3 and 4 review)

NCAI pays approved request

Helpful Tips for Submitting a Successful Reimbursement Request

- Reporting dates for reimbursement requests are based on **pay period** dates, which are not necessarily calendar months. Pay period dates **must** match reporting dates.

- It is recommended that reimbursement requests be limited to four or less pay periods. However, the system will accommodate up to 10 pay periods per request.

- Attachments must be uploaded as PDFs. Size limit: 10 MB

- Expenses need to be entered into the correct line items for the applicable expense.

Helpful Tips for Submitting a Successful Reimbursement Request (cont'd)

- Include proper and complete supporting documentation.
  - Itemized receipts
  - Proof of Payment
  - Time sheets/activity reports
  - Proper payroll documentation
  - Additional procurement documentation (as applicable)

- Include a summary sheet when submitting several receipts for the same line item.

- Provide relevant information in the notes section as applicable.

Helpful Tips for Submitting a Successful Reimbursement Request (cont'd)

- Hours listed on time sheets/activity reports needs to match hours indicated on payroll documentation.

- As the rate for procurement contracts exceeds the OJP set limits, you will be required to submit documentation once you procure the contract services to receive approval of the final rate from NCAI.

Sign in at https://firstpic.force.com/ncai/

To access this page, you have to log in to NCAI.

Username

Password

Log In

☐ Remember me

Forgot Your Password?

Two ways to create a reimbursement

- From the reimbursements tab
- From the Sub-Grants tab

Creating a request: From the Reimbursements tab.

NCAI
OVC Example Org 2

Dashboard About Applications Sub-Grants Reimbursements Logout

HELLO MATT BIELER (LOCAL).

To complete your Stage 2 application click here.

Incomplete Applications

Application Id
APP-00442

Status
Sent to Applicant

From the Dashboard, click the "Reimbursements" tab to create a new reimbursement request or access current reimbursement requests.

Creating a request: From the Sub-Grants tab.

NCAI
OVC Example Org 2

Dashboard   About   Applications   Sub-Grants   Reimbursements   Logout

HELLO MATT BIELER (LOCAL).

To complete your Stage 2 application click here.

Incomplete Applications

From the Dashboard, click the 'Sub-Grants' tab.

Application Id	Status	Submitted Date
APP-00442	Sent to Applicant	
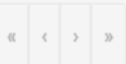
Select the appropriate sub-grant.

Please note: You will not be able to create a new reimbursement request if your budget is not in "Approved" status.

Building a Reimbursement Request

OVC EXAMPLE ORG 2 GRANT

BALANCE: $74,090.24

Reimbursement Details

Reimbursement Date Range: From: [   ]   To: [   ]

How many pay periods are in the request period? [   ]

Cancel   Save   Save and Exit   **Next**

1 Enter the date range for your request. (Based on pay period start and end dates included in the request.)
Enter the number of pay periods that the request will cover.

2 Click Next to continue.
(This will automatically save this information.)

If at anytime you need to step away and continue later, just click on "Save and Exit"

If you do not have any personnel costs during this reporting period to claim and are just submitting for general expenses, the date range reflected should encompass the dates the general expenses were incurred and you would enter "0" for number of pay periods in the request period.

Personnel hours for each pay period in the request will be entered separately.

NCAI
OVC Example Org 2

Dashboard   About   Applications   Sub-Grants   Reimbursements   Logout

OVC EXAMPLE ORG 2 GRANT

Total Awarded: $75,000.00
Total Budgeted: $
Balance: $74,090.24

1 Enter the total number of hours each employee worked/was paid during this pay period and the number of those hours that were worked on the program.

Request Id: R-5625   Organization: OV

Status: Incomplete

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate	%		Notes
Staff 1	0.00	0.00	Salary	2000.00			+
Staff 2	0.00	0.00	Hourly	12.00			+
Staff 3	0.00	0.00	Hourly	10.00			+

3 For salaried employees, enter their total **regular** pay for this pay period.

Attachments

No Attachm   und

2 Ensure this designation is correct; change as necessary.

This will default to what is in your approved budget, but may be changed here as needed.

Upload Attach

Previous   U

4 For hourly employees, enter their hourly rate of pay.

ested Personnel: $0.00
Personnel Balance: $32,921.03
Personnel Budgeted Amount: $34,134.34

Click the "+" to the right of a line item to add any applicable notes or clarifications.

Line item notes are _not required_ in this section, unless there is something specific that needs to be clarified (a staffing change, pro-rating a salary, etc.).

OVC EXAMPLE ORG 2 GRANT

Enter your notes in the box. Click Save.

Total Awarded: $75,000.00
Total Budgeted: $
Balance: $74,090.24

Request Id: R-5625   **Organization:** OVC E   Pay Periods: 2   **Status:** Incomplete

Personnel Pay Period: 1

Notes for Staff 1

Title	Hours this Pay Period	Hours on G	nt this Pay Period	Total Pay Requested	Notes
Staff 1	40.00	4.00	.00%	$200.00	±
Staff 2	40.00	3.00	50%	$36.00	+
Staff 3	27.50	3.00	.91%	$30.00	+

Reviewer Notes:
No Notes from National

Close   Save

Attachments

No Attachments Found

Upload Attachment

Previous   Update Amounts   Save   Save and Exit   Next

Total Requested Personnel: $266.00
Personnel Balance: $32,921.03
Personnel Budgeted Amount: $34,134.34
Total Requested Amount: $266.00

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NCAI
OVC Example Org 2

OVC EXAMPLE ORG 2 GRANT

75,000.00
dgeted: $
74,090.24

Incomplete

Request Id: R-5625	**Organization:** OVC Example Org 2	**Date Range:** 07/01/2020 - 07/31/2020	

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate ?	% Time on Grant this Pay Period	Total Pay Requested	Notes
Staff 1	40.00	4.00	Salary ∨	2,000.00	10.00%	$200.00	🗨
Staff 2	40.00				7.50%	$86.00	+
Staff 3	27.50						+

This speech bubble icon will appear after you have entered notes.

Attachments

No Attachments Found

Upload Attachment

Previous   Update Amounts   Sa

$266.00
,921.03
,134.34

To attach the required supporting documentation, click the "Upload Attachment" button.
You must upload a 'Timesheet' and 'Payroll' document for each pay period before moving on to the next pay period.
Please Note: You may scan and upload all employee timesheets for the pay period in one "Timesheet" document and all employee payroll documents for the pay period in one "Payroll" document **(recommended)**. You do not need to upload separate documents for each staff member.

If scanning and uploading all timesheets together and all payroll documents together, documents need to be in the same order as staff appear on the reimbursement request in order to help expedite processing by the reviewers.

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1 You may leave this blank; however, if you choose to name the file for the upload, type in the new name here.
If you enter a name, please end the name with ".pdf" as some systems have challenges opening the file when renamed without this format label.

OVC EXAMPLE ONE E-GRANT

Total Budgeted: $
Balance: $74,090.24

Add New Document

Pay Periods: 2   Status: Incomplete

VC E

File Name:

2 Click "Choose File" to select the file to upload. **The file must be a pdf.**

Choose File   No file chosen
File size is limited to 5mb. Please upload PDF's ONLY.

ay Requested   Notes
$200.00
$36.00   +
$30.00   +

Upload

3 Once you have selected the file, make sure you click "Upload."

Stan 2   40.00   3.00
Staff 3   27.50   3.00

Attachments

No Attachments Found

4 When you are done, click "Close."

Close

Upload Attachment

Total Requested Personnel: $266.00
Personnel Balance: $32,921.03
Personnel Budgeted Amount: $34,134.34

Previous   Update Amounts   Save   Save and Exit   Next

5 Once back on the main screen, click here to upload another attachment.

NCAI
OVC Example Org 2

Dashboard   About   Applications   Sub-Grants   Reimbursements   Logout

Request Id: R-5625   Organization: OVC Example Org 2   Date Range: 07/01/2020 - 07/31/2020

1 To delete an attachment, click the circled "x" to the left of the Name.

2 To edit an upload click the pencil icon in the Edit/Upload column.

3 Notice that multiple attachments have been uploaded in the same chain for payroll documentation. This happens when you don't close out of the *Add New Document* screen in between document uploads.

Attachments

Name	Notes	Edit/Upload	View Attachment(s)
⊗ Payroll		🖉	Test Upload.pdf Test Upload.pdf
⊗ Timesheet		🖉	Test Upload.pdf

Upload Attachment

Previous   Update Amounts   Save   Save and Exit   Next

When you have finished on this personnel page, click "Next" to continue.

Total Requested Personnel: $266.00
Personnel Balance: $32,921.03
Personnel Budgeted Amount: $34,134.34

OVC EXAMPLE ORG 2 GRANT

$75,000.00
dgeted: $
$74,090.24

Request Id: R-5625   **Organization:** OVC Example   Incomplete

Personnel Pay Period: 1

When trying to delete attachments, this question will appear.

To confirm that you want to delete the supporting documentation, click "Delete." Or "Cancel" if you clicked the delete option in error.

Title	Hours this Pay Period	Hours on Gr			Notes
Staff 1	40.00	4.00			💬
Staff 2	40.00	3.00			+
Staff 3	27.50	3.00	.91%	$30.00	+

Delete Payroll

Are you sure you want to delete this document? This cannot be undone.

Cancel   Delete

Attachments

Name	Notes	Edit/Upload View Attachment(s)
⊗ Payroll		✏️ Test Upload.pdf Test Upload.pdf
⊗ Timesheet		✏️ Test Upload.pdf

Upload Attachme

You will not be given the option to select an individual attachment if all documents were uploaded in the same chain.

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Dashboard   About   Applications   Sub-Grants   Reimbursements   Logout

OVC EXAMPLE ORG 2 GRANT

Total Awarded: $75,000.00
Total Budgeted: $
Balance: $74,090.24

Request Id: R-5625   Organization: OVC Example Org 2   Date Range: 07/01/2020 - 07/31/2020   Pay Periods: 2   Status: Incomplete

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate	% Time on Grant this Pay Period	Total Pay Requested	Notes
Staff 1	40.00	4.00	Salary	2,000.00	10.00%	$200.00	🗨
Staff 2	40.00	3.00	Hourly	12.00	7.50%	$36.00	+
Staff 3	27.50						+

This is how the screen will appear if supporting documentation is uploaded individually (closing the *Add New Document* box after each upload).

Attachments

Name	Notes	Edit/Upload	View Attachment(s)
⊗ Payroll		✏	Test Upload.pdf
⊗ Payroll		✏	Test Upload.pdf
⊗ Timesheet		✏	Test Upload.pdf

Upload Attachment

You now have the option to select exactly which document you may need to delete.

Dashboard   About   Applications   Sub-Grants   Reimbursements   Logout

OVC EXAMPLE ORG 2 GRANT

Total Awarded: $75,000.00
Total Budgeted: $
Balance: $74,090.24

Request Id: R-5625   **Organization:** OVC Example Org 2   **Date Range:** 07/01/2020 - 07/31/2020   **Pay Periods:** 2   **Status:** Incomplete

Personnel Pay Period: 2

You will repeat the previous steps for each pay period within the request.

Title	Hours this Pay Period	Hou			% Time on Grant this Pay Period	Total Pay Requested	Notes
Staff 1	0.00	0.00	Salary ⌄		0.00%	$0.00	+
Staff 2	0.00	0.00	Hourly ⌄	12.00	0.00%	$0.00	+
Staff 3	0.00	0.00	Hourly ⌄	10.00	0.00%	$0.00	+

Attachments

No Attachments Found

Upload Attachment

Previous   Update Amounts   Save   Save and Exit   Next

Total Requested Personnel: $266.00
Personnel Balance: $32,921.03
Personnel Budgeted Amount: $34,134.34

Personnel

- Time cards or attendance records are needed for all employees. Time worked on the program needs to be clearly identified and based on actual hours worked, not estimated hours worked.

- Time cards or attendance records must be signed by both the employee and supervisor.

- The grantee must follow their own written policies about overtime pay, and must document that any over-time pay was approved prior to the employee incurring the overtime hours.

- Only split pay periods at the beginning and end of the grant cycle, and at the end of the calendar year as necessary.

Personnel (cont'd)

- Staff members' titles must match the titles in your approved budget. Position titles, as listed in the reimbursement request, should also be indicated on the pay stub/payroll ledger and/or time sheet/activity reports.

- Submit the payroll supporting documentation (pay stub or payroll ledger) for each pay period covered in the reimbursement request. Supporting documentation must be separately uploaded for each pay period for which reimbursement is being requested.

- Supporting documentation should clearly identify the pay period **start** *and* **end** dates.

Personnel (cont'd)

- Personnel costs will be entered separately for each pay period.

- Reimbursement requests for **salaried** employees will be entered as:
  1. Total number of hours worked/paid for during the pay period
  2. Total number of hours worked on the program during the pay period
  3. Ensure hourly/salary designation is correct, change if necessary
  4. Total **regular gross** salary for the pay period
  5. Enter notes if applicable

- Reimbursement requests for **hourly** employees will be entered as:
  1. Total number of hours worked/paid for during the pay period
  2. Total number of hours worked on the program during the pay period
  3. Ensure hourly/salary designation is correct, change if necessary
  4. The employee's hourly wage
  5. Enter notes if applicable

Personnel (cont'd)

- Entries for multiple pay periods within a request need to be entered in chronological order.

  (*e.g.*, Pay Period 1: 9/2 – 9/15; Pay Period 2: 9/16 – 9/29; Pay Period 3: 9/30 – 10/13, etc.)

- If a staffing change occurs, add a comment in the applicable line item to note the staffing change.

- If you plan to submit all payroll documentation and timesheet documentation as a single files, please ensure the documents are scanned in the same order that staff are listed on the request. This helps us process your request faster.

OVC Example Org 2

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes
Staff 3	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	+

FICA	SUTA	Workers Comp	Retirement	Other	Total Benefits Requested
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

1 In the top line, enter the appropriate premium amount for the full request period.

Percent Towards Grant
5.455%

Salary Requested
$30.00

Update Amoun

2 In the second line, enter percentage-based fringe.
Please make sure the percentages being requested for WC, SUTA, etc. match the supporting documentation that is attached to the approved budget.
No supporting documentation is needed for FICA.

Attachments

No Attachments Found

Upload Attachment

3 Upload supporting documentation for any fringe benefits included in the request, with the exception of FICA.

Previous | Save | Save and Exit | Next

Total Requested Benefits: $0.00
Benefits Balance: $1,213.31
Benefits Budgeted Amount: $1,213.31
Total Requested Amount: $297.92

4 When you have finished on this page,
click "Next" to continue.

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Fringe Benefits

- Fringe benefits that are paid as a set amount each month will be entered as the applicable monthly premium amount (less employee contributions) for the reimbursement request period. (*e.g.*, health, life, disability insurance premiums)
  - ✓ The system will calculate the reimbursable amount related to the percentage of time worked on the program based on the entries in Personnel.

- If premium rates are adjusted (*e.g.*, subtracting employee contributions, adjusting a family rate to an employee only rate, etc.), this information needs to be provided in the notes or directly on the supporting documentation.

- Documentation is required that identifies benefits claimed for applicable staff members.

Fringe Benefits (cont'd)

- Fringe paid out based on percentage of salary will be entered as the applicable fringe rate percentage (*e.g.*, 7.65% FICA)
  - ✓ The system will calculate the reimbursable amount based on the entries in Personnel.

- Rates such as WC, SUTA, etc. that are being requested **must** match the supporting documentation attached to the budget for these percentages.

- If the covered period of time on the documentation verifying your WC, SUTA, etc. rates attached to your approved budget expires before the dates of the request, new documentation will need to be uploaded to your budget verifying the correct rate for this time period.

- Supporting documentation for rates such as WC, SUTA, etc. must also be uploaded directly to the reimbursement request.

Request Id: R-5625   Organization: OVC Example Org 2   Date Range: 07/01/2020 - 07/31/2020   Pay Periods: 2   Status: Incomplete

Expenses ← After you have completed the Fringe Benefits, you will come to Expenses.

Procurement Contracts

Item	Rate	Quantity	Amount Requested	Threshold Exceeded	Notes	Attachments
Contractor 1	0.00	1.00			+	⊕

Expense Categories and Line Items will be pulled in from the approved budget.

				Balance (not including pending requests) $1250.00		Total Budgeted $1250.00

Supplies

Item	Rate	Quantity	Amount Requested	Threshold Exceeded	Notes	Attachments
Office Supplies	0.00	1.00			+	⊕

	Total Requested (this reimbursement) $0.00			Balance (not including pending requests) $1723.02		Total Budgeted $1723.02

Travel

Item	Rate	Quantity	Amount Requested	Threshold Exceeded	Notes	Attachments
Travel 1	0.00	1.00			+	⊕

Enter the Rate ($) and Quantity (number of items) for the items you are requesting.

Please note: When purchasing a variety of items as with Program Supplies, you may enter the total lump sum cost for "Rate" and "1" as "Quantity."

With expenses that have a per item cost (e.g., hourly rates, monthly fees, etc.), enter the per item cost as "Rate" and the actual number of items as "Quantity" whenever possible.

Total Awarded: $75,000.00
Total Budgeted: $
Balance: $74,090.24

Periods: 2   Status: Incomplete

Procurement Contracts

Item	Rate	Quantity	Amount Requested	Threshold Exceeded	Notes	Attachments
Contractor 1	500.00	1.00			■	⊕

Total Requested
(this reimbursement)
$0.00

Balance
(not including pending requests)

Total Budgeted

Notes are **<u>required</u>** indicating how the expense related to/supported/was used for the implementation of the program. Any special clarifications regarding the expense should also be included here.

Supplies

Item	Rate	Quantity	Amount
Office Supplies	0.00	1.00	

Total Reques
(this reimbursen
$0.00

OVC EXAMPLE ORG 2 GRANT

Total Awarded: $75,000.00
Total Budgeted: $
Balance: $74,090.24

Request Id: R-5625   **Organization:** OVC Example Org 2   **Date Range:** 07/01/2020 - 07/31/2020   **Pay Periods:** 2   **Status:** Incomplete

Expenses

Procurement Contracts

Item	Rate	Quantity	Amount Requested	Threshold Exceeded	Notes	Attachments
Contractor 1	500.00	1.00			💬	⊕

	Total Requested (this reimbursement)	Balance (not including pending requests)	Total Budgeted
	$0.00	$1250.00	$1250.00

Supplies

Item			
Office Supplies			

			Total Budgeted
	$0.00	$1723.02	$1723.02

Click here to upload appropriate supporting documentation for each line item as applicable.
Please Note: Only supporting documentation relevant to the line item should be uploaded.

1 **You may leave this blank**; however, if you choose to name the file for the upload, type in the new name here.
If you enter a name, **please** end the name with ".pdf" as some systems have challenges opening the file when renamed without this format label.

Logout

OVC EXAMPLE ORG 2 GRANT

5,000.00
Total Budgeted: $
Balance: $74,090.24

Request Id: R-5625   Organization: OVC E: Pay Periods: 2   Status: Incomplete

Upload New Attachment

File Name: [   ]

2 Click "Choose File" to select the file to upload. **The file must be a pdf.**

Choose File   No file chosen
File size is limited to 5mb. Please upload PDF's ONLY.

Upload

3 Once you have selected the file, make sure you click "Upload."

Attachments
⊕_

Total Budgeted
$1250.00

requests)

4 When you are done, click "Close."

Close

otes Attachments
   ⊕

ate
600.0(

Supplies

Item   Rate
Office Supplies   0.00

Total Requested
(this reimbursement)

Balance
(not including pending requests)

Total Budgeted
$1723.02

You will receive a confirmation message if your upload was successful.
Repeat as necessary to upload multiple documents.

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NCAI
OVC Example Org 2

Dashboard   About   Applications   Sub-Grants   Reimbursements   Logout

OVC EXAMPLE ORG 2 GRANT

Total Awarded: $75,000.00
Total Budgeted: $
Balance: $74,090.24

Request Id: R-5625   **Organization:** OVC Example Org 2   **Date Range:** 07/01/2020 - 07/31/2020   **Pay Periods:** 2   **Status:** Incomplete

Expenses

Procurement Contracts

Item	Rate	Quantity	Amount Requested	Threshold Exceeded	Notes	Attachments
Contractor 1	500.00	1.00			💬	⊕ ⊗ Test Upload.pdf 8/19/2020 7:11 AM

	Total Requested (this reimbursement)	Balance (not including pending requests)	Total Budgeted
	$0.00	$1250.00	$1250.00

Supplies

Item	Rate	Quantity	A
Office Supplies	0.00	1.00	

The attachment will appear next to the line item notes once it has been uploaded correctly.

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Equipment

Item	Rate	Quantity	Amount Requested	Threshold Exceeded	Notes	Attachments
Vehicle 1	0.00	1.00	$0.00		+	⊕
Vehicle 2	0.00	1.00	$0.00		+	⊕

	Total Requested (this reimbursement)	**Balance** (not including pending requests)	**Total Budgeted**
	$0.00	$25000.00	$25000.00

Update Amounts

Attachments

You can check your request totals here.

No Attachments Found

Upload Attachment

Previous   Save   Save and Exit   **Review and Submit**

When you have finished, click "Review and Submit."

Total Personnel Requested: $266.00
Total Fringe Requested: $0.00
Total Expense Requested: $500.00
Total Indirect Rate Requested: $91.92

Total Requested Amount: $797.92

This pop up will appear if any items in your reimbursement request exceed the procurement threshold you identified in your budget. This is to ensure the necessary supporting documentation has been attached. If it has been, click continue to move to the next step. Otherwise, click cancel to go back and include that documentation.

TEST 5

Total Awarded: $60,000.00
Total Budgeted: $
Balance: $60,000.00

Request Id: R-15327   **Org**   ...s: 1   **Status:** Incomplete

Expenses

Supplies

Item	Rate		...otes	Attachments
Office Supplies	175.0		🔴	⊕ ⊗ Test Upload.pdf 8/31/2020 1:38 PM

Review & Submit

Items in your reimbursement exceed the Procurement Threshold. Are you sure you want to continue?

Cancel   **Continue**

	Balance (pending requests)	Total Budgeted
	...332.56	$2332.56

Sub Awards

Item	Rate			otes	Attachments
Sub-Award	3,500.00	1.00	$3,500.00	🚩 🔴	⊕ ⊗ Test Upload.pdf 8/31/2020 1:39 PM

	Total Requested (this reimbursement)	Balance (not including pending requests)	Total Budgeted
	$3500.00	$30000.00	$30000.00

Update Amounts

Attachments

No Attachments Found

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Documents   Sub-Grants   Reimbursements   Program ▾   Help   Logout

TEST 5

Total Awarded: $60,000.00
Total Budgeted: $55,000.00
Balance: $60,000.00

Request Id:

Pay Periods: 1   Status: Revision in Progress

NOTE: This

Once you click "Review and Submit," you will see a review screen for your total request.
Please review to ensure all items are entered correctly, notes are included where required, and all supporting documentation is uploaded correctly.
If everything is correct, hit "Submit." Otherwise scroll down to the bottom of the page and click "Edit."

Submit

Personnel P

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate ⍰	% Time on Grant this Pay Period	Total Pay Requested	Notes
CEO	160.00	16.00	Salary	$2,500.00	10.0%	$250.00	+
Program Coordinator	160.00	10.00	Hourly	$25.00	6.2%	$250.00	+

Attachments

Name	Notes	View Attachment(s)
Payroll		Test Upload.pdf 8/31/2020 1:35 PM
Timesheet		Test Upload.pdf 8/31/2020 1:35 PM

Total Personnel Requested: $500.00 ⍰
Submitted Personnel Balance: $20,099.83 ⍰
Personnel Balance: $20,599.83 ⍰
Personnel Budgeted: $20,599.83 ⍰

Fringe Benefits

TEST 5

Total Awarded: $60,000.00
Total Budgeted: $55,000.00
~~Balance: $60,000.00~~

| Request Id: | R-15327 | Organization: | TRAIL BGC of Example Land | Date Range: | 08/01/2020 - 08/31/2020 | Pay Periods: | 1 | Status: | Pending First Approval |

Personnel Pay Period: 1

Title	Hours this Pay			Grant this Pay Period	Total Pay Requested	Notes
CEO	160.00			10.0%	$250.00	+
Program Coordinator	160.00			6.2%	$250.00	+

Once you hit submit, the Status will change to "Pending First Approval."

Attachments

Name	Notes	View Attachment(s)
Payroll		Test Upload.pdf 8/31/2020 1:35 PM
Timesheet		Test Upload.pdf 8/31/2020 1:35 PM

Total Personnel Requested: $500.00 ❓
Submitted Personnel Balance: $20,099.83 ❓
Personnel Balance: $20,599.83 ❓
Personnel Budgeted: $20,599.83 ❓

Fringe Benefits

Title	❓ Medical		Dental		Vision		Short Term		Long Term		Life		Other		Notes
CEO	*$0.00*	$0.00	*$0.00*	$0.00	*$0.00*	$0.00	*$0.00*	$0.00	*$0.00*	$0.00	*$0.00*	$0.00	*$0.00*	$0.00	+
	FICA		**SUTA**		**Workers Comp**		**Retirement**		**Other**		**Total Benefits Requested**				
	7.650%	*$19.13*	*4.200%*	*$2.00*	*0.000%*	*$0.00*	*0.000%*	*$0.00*	*0.000%*	*$0.00*		*$22.12*			

REIMBURSEMENT REQUESTS

Grant: [View All ▾]

[All In Progress ▾]   Sort By: [Request Date ▾]   **Update**

All In Progress						Export Results

Request Id	Sub-Grant Name	Sta...			Status
R-15325	TEST 4	8/1			Pending Approval
R-15327	TEST 5	8/1			Pending Approval

1 - 2 of 2   « ‹ › »

Create Reimbursement

The request will now be listed as "Pending Approval" on the Reimbursements page.
If it is sent back for revisions, it will be listed as "Revisions Needed."
Once it is approved, it will be listed as "Approved."

To see exactly which level of approval the reimbursement request is at, open the reimbursement request by clicking on the "Request ID."

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TEST 5

Total Awarded: $60,000.00
Total Budgeted: $55,000.00
Balance: $60,000.00

Request Id: R-15327   **Organization:** TRAIL BGC of Example Land   **Date Range:** 08/01/2020 - 08/31/2020   **Pay Periods:** 1   **Status:** Pending First Approval

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate ⍰	% Time on Grant this Pay Period	Total Pay Requested	Notes
CEO	160.00	16.00	Salary	$2,500.00	10.0%	$250.00	+
Program Coordinator	160.00	10.00	Hourly	$25.00	6.2%	$250.00	+

Attachments

Name	Notes
Payroll	
Timesheet	

After clicking "Request ID" on the reimbursement request page, the reimbursement request will open. The current level of approval for your reimbursement request is reflected where the page says "Status."

Total Personnel Requested: $500.00 ⍰
Submitted Personnel Balance: $20,099.83 ⍰
Personnel Balance: $20,599.83 ⍰
Personnel Budgeted: $20,599.83 ⍰

Fringe Benefits

Title	⍰ Medical		Dental		Vision		Short Term		Long Term		Life		Other		Notes
CEO	*$0.00*	$0.00	*$0.00*	$0.00	*$0.00*	$0.00	*$0.00*	$0.00	*$0.00*	$0.00	*$0.00*	$0.00	*$0.00*	$0.00	+
	FICA		SUTA		Workers Comp		Retirement		Other				Total Benefits Requested		

Gift Cards

- There is a high level of scrutiny around the purchase and use of gift cards by DOJ and the Office of Inspector General (OIG).
  - Generic gift cards (*e.g.*, Visa gift cards) are not allowed.
  - Gift cards and vouchers can only be used for emergency needs. Cannot be used for staff.

- Must comply with internal controls around the distribution and use of these items. (Additional TA will be provided).
  - Must have a system for tracking distribution that upholds confidentiality.
  - Prior to expending funds on cards or vouchers, subgrantee shall submit a copy of subgrantee's internal policies and procedures regarding the purchase, storage and disbursement of cards or vouchers to the NCAI Fund and/or its technical assistance providers.

Gift Cards

- Proper purchase and use of gift cards, including the required documentation is needed for reimbursement of cards and vouchers.
  - There is a $5,000 limit on the amount of gift cards that can be outstanding at any time during the grant.
  - You will be required to submit proof of gift card distribution in order to request additional reimbursement beyond $5,000. This documentation can be whatever is used internally or we can provide a template.
  - Documentation should not have any personally identifiable information that would violate victim confidentiality.
  - NCAI is confirming with OVC what the requirement is for unused gift cards at the end of the grant. Additional information will be provided as soon as possible.
  - Past audits have questioned the amount of gift cards distributed compared to expected costs, so we recommend that you keep internal documentation to justify the distribution of all disbursements.

Training and Technical Assistance Webinars 2020

Post-Award

- **December 15, 2020** Strategic Planning Webinar at 10:00am PT/11:00am MT/12:00pm CT/1:00pm ET

Questions?

1. Use the questions box on your control panel to submit questions and responses.

2. 'Raise' your hand by clicking the hand icon to signal to be unmuted.

Contact Info

General questions:

➤ microgrants@ncai.org

Reimbursement Request Questions:

➤ Kelly Crowe, FirstPic, Inc. kcrowe@firstpic.org

➤ Robin Paterson, FirstPic, Inc. rpaterson@firstpic.org

➤ Matt Bieler, FirstPic, Inc. mbieler@firstpic.org

➤ David Cook FirstPic, Inc. dcook@firstpic.org

TA Questions:

➤ Lonna Hunter, Tribal Law & Policy Institute, lonna@tlpi.org