This worksheet will help you to prepare the information that you will need when creating or updating a reimbursement in the BBBSA Online Reporting Site. Step-by-step instructions for creating and/or updating a budget are provided in the webinar slides which you will receive a copy of after the training webinar.

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 JJ10/MYIO3 funds (JJ10/MYIO3 TCS) during the request month. Use the Matchforce report: JJ10 (or MYIO3) – Last Month Children Served.

Personnel

Please have the following information available for each person that you plan to include in your reimbursement:

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 JJ10/MYI03 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

^{*}Please provide a note for why the hourly rate has changed

Once you enter the monthly benefit amounts for each employee and click on "update amounts", the system will automatically calculate the total cost of benefits to be charged to the grant based on the percentage of time each staff member is dedicated to the grant

Name	8 - FICA	9					
		Medical	Dental	Short Term Disability (ST disability)	Long Term Disability (LT	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.				he benefits These are	
Bill T.	\$244.80	# 4.00	φE	Φ.4	0	0	4400
Sally M.	\$234.7	\$180	\$5	\$4	0	0	\$100

EXPENSE ITEMS BASED ON FTE AND TCS

NOTE: This system automatically calculates the FTE (full time effort) and TCS based on the information that you have provided on the first page. (in this system, TCS is called "% children served")

- TCS is calculated based on # children served with grant funds per month divided by total children served by agency per month
- FTE is calculated based on Total grant hours/week divided by Total hours/week

You will only be able to request reimbursement for monthly expenses against line items included in your budget. In order to add a new expense line item, you must update your budget first.

Enter the requested information for each expense. Enter 0 if there was no expense made on that line item during that month.

You will need to attach a receipt for each expense unless you have done so previously (i.e. If you attached your lease in the budget, you do not need to attach monthly receipts for rent)

Line Times in your budget	Factor Value used	Monthly Amount	Receipt?
Example: Supplies	TCS	\$500	yes

Indirect Rate

As with the budget, the system will automatically calculate the indirect rate on each reimbursement.

Enter the monthly cost for each expense. Enter 0 if there were no expenses on this line item for the month.

You will need to attach a receipt for each expense unless you have done so previously

If you are using the Indirect Rate:

Item Name	Category****	Monthly Rate	Receipt?
Example:	Child Safety	100	Yes
Background Checks			

Attachments:

Please submit all attachments as PDFs

You <u>must</u> attach the following documents in order to submit a reimbursement.

- Payroll documentation
- Timesheets (please format as one PDF and upload as a single document)
- General Ledger
- Points of Contact Form
- TCS report
- FTE report, if these were used in the reimbursement

Your reimbursement will be sent back to you if:

- You include benefits for reimbursement but do not include documentation of benefits
- You include expenses for reimbursements and do not include the appropriate receipts

Notes: