



**Big Brothers Big Sisters
of America**

BBBSA Online Reporting Site

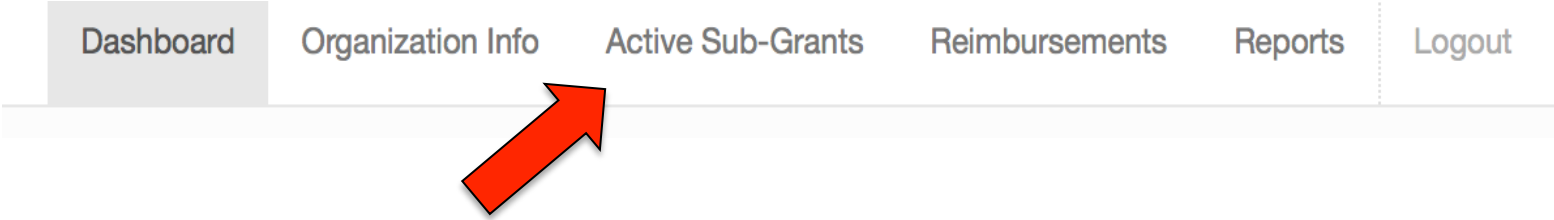
Reimbursement Request Training
Webinar

11/8/2016

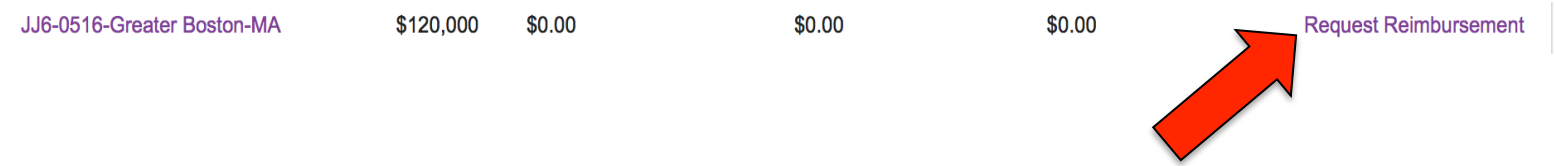
CREATE OR UPDATE YOUR REIMBURSEMENT

In order to create a reimbursement, follow these steps:


Click on Active Sub-Grants



Click on “Request Reimbursement” the appropriate sub-grant name



Or open the grant and click on Request Reimbursement

 **Big Brothers Big Sisters**
Admin Test Organization

Dashboard Organization Info **Active Sub-Grants** Reimbursements Reports Logout

Salary Employee	\$ 697.68	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$120.00	\$ 839.04
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Personnel & Fringe Notes

New Budget Test, please approve! :D

Notes from National:

Expenses

Facilities

Name	Total Expense	Factor Type	Factor Value	Requested Amount	Approved Amount	Item Balance	Item Budget	Notes
Rent	\$12,000.00	Other	2.2 %	\$0.00	\$0.00	\$12,000.00	\$12,000.00	

Travel

Name	Total Expense	Factor Type	Factor Value	Requested Amount	Approved Amount	Item Balance	Item Budget	Notes
Travel	\$1,200.00	FTE	5.4 %	\$0.00	\$0.00	\$1,200.00	\$1,200.00	

Expense Notes

approve expenses, I like to travel

Notes from National:

Attachments

[Lease Agreement](#) (pdf-test.pdf)

General Notes from National

Please add more details.

[Update Budget](#) [Create Report](#) [Request Reimbursement](#)

Enter the required information

ADMIN TEST JJ6

BALANCE: \$ 46,506.97

Request Details

Reimbursement Date Range: From: [11/8/2016] To: [11/8/2016]

Total employee hours at affiliate during this month:

Number of youth served during the month:

Number of youth served with grant funding this month:

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.

Reimbursement Date Range: 11/01/2016 - 11/30/2016		Total FTE at affiliate during this month: 1540		Full Time Effort: %	
Number of youth served during the month: 143		Number of youth served with grant funding this month: 27		% Children Served: 18.9%	

Personnel							
Name	Title	Hours this Month	Hours on Grant	Hourly Rate	Total Monthly Salary/Payroll	% Monthly Time on Grant	Requested Total
Hourly	Employee 2 test	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="15.00"/>	\$0.00	%	\$
Salary	Employee 1 test	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="14.40"/>	\$0.00	%	\$

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
Hourly	Employee 2 test	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	%	\$0	+
Salary	Employee 1 test	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	%	\$0	+

Attachments

Upload Attachments

Personnel & Fringe Notes

Previous

Update Amounts

Save and Exit

Next

Total Requested Amount: \$ 0.00

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

Click Update Amounts at any point to view calculations.

When a click on Upload Attachments you will be required to submit two documents with each reimbursement:

- Select “Payroll”, the 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
- If there reimbursement contains employer paid benefits for employees working on the grant, you must upload back-up documentation as well
- Click “Close”

The screenshot shows a web application interface with a modal dialog box titled "Upload New Attachment". The dialog box has a header bar with the title. Below the header, there is a dropdown menu currently set to "Payroll". Underneath the dropdown is a "Choose File" button followed by the text "No file chosen". At the bottom of the dialog is an "Upload" button. A yellow notification banner at the top of the dialog area contains the text: "Attachment uploaded successfully. Click 'Choose File' to upload another attachment, or 'Close' if you are finished." Below the notification, there is another dropdown menu set to "Timesheet", followed by another "Choose File" button and "No file chosen" text, and another "Upload" button. At the very bottom of the dialog, there is a "Close" button. The background of the application shows a sidebar with the word "cal" and some other text partially visible.

JJ6 SUB-GRANT FTE/TCS TEST

BALANCE: \$ 49,658.67

Reimbursement Date Range: 11/01/2016 - 11/30/2016

Total FTE at affiliate during this month: 1540

Full Time Effort: 7.1%

Number of youth served during the month: 143

Number of youth served with grant funding this month: 27

% Children Served: 18.9%

Personnel

Name	Title	Hours this Month	Hours on Grant	Hourly Rate	Total Monthly Salary/Payroll	% Monthly Time on Grant	Requested Total
Hourly	Employee 2 test	<input type="text" value="160"/>	<input type="text" value="30"/>	<input type="text" value="20"/>	\$3200	18.8%	\$600.00
Salary	Employee 1 test	<input type="text" value="160"/>	<input type="text" value="80"/>	<input type="text" value="19.18"/>	\$3068.80	50.0%	\$1534.40

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
Hourly	Employee 2 test	<input type="text" value="244.8"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="244.80"/>	18.8%	\$46.02	+
Salary	Employee 1 test	<input type="text" value="234.7"/>	<input type="text" value="180"/>	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="100"/>	<input type="text" value="523.70"/>	50.0%	\$261.85	+

Attachments

-  Timesheet (Screenshot 2016-11-08 08.35.22.png)
-  Benefits (Screenshot 2016-11-08 08.44.41.png)
-  Payroll (Screenshot 2016-11-08 08.40.28.png)

Upload Attachments

Personnel & Fringe Notes

Previous Update Amounts Save and Exit **Next**

Total Requested Amount: \$ 2,442.27

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

FTE for the month has been calculated based on the hours entered in the previous two screens

BASED ON BUDGET USING FTE AND TCS

ADMIN TEST JJ6

BALANCE: \$ 46,506.97

Reimbursement Date Range: 11/01/2016 - 11/30/2016

Total FTE at affiliate during this month: 1540

Full Time Effort: 7.1%

Number of youth served during the month: 143

Number of youth served with grant funding this month: 27

% Children Served: 18.9%

Expenses

Facilities

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Rent	1,000.00	Other	2.2	\$22.00	+	📎

Travel

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Travel	100.00	FTE	7.1%	\$7.10	+	📎

Attachments

SA Budget update launch.pdf

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

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

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

Total Requested Amount: \$ 2,471.37

PLEASE NOTE: ITEMS INCLUDED IN THIS EXAMPLE ARE FOR DEMONSTRATION PURPOSES ONLY AND DO NOT NECESSARILY REPRESENT COSTS ALLOWABLE UNDER THIS GRANT

Expenses

Facilities

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Rent	1,000.00	Other	20.2	\$202.00	+	📎

Travel

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Travel	500.00	FTE	7.1%	\$35.50	+	📎

BASED ON BUDGET USING FTE AND TCS

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

Big Brothers Big Sisters
Admin Test Organization

Dashboard Organization Info Active Sub-Grants **Reimbursements** Reports Logout

Reimbursement Date Range: 11/01/2016 - 11/30/2016 Total FTE at affiliate during this month: 1540 Full Time Effort: 7.1%

Number of youth served during the month: 143 Number of youth served with grant funding this month: 27 % Children Served: 18.9%

Expenses						
Facilities						
Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Rent	1,000.00	Other	20.2	\$202.00	+	

Travel						
Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Travel	500.00	FTE	7.1%	\$35.50	+	

Attachments

General Ledger (BBBSA Budget update launch.pdf)

Upload Attachments

Expense Notes

Previous Update Amounts Save and Exit **Submit**

Leaving a reimbursement request without saving or submitting will result in the loss of all data.

Total Requested Amount: \$ 2,679.77

You must upload the General Ledger backup that matches the current month's reimbursement amount.

When finished, click "Submit"

BASED ON BUDGET USING INDIRECT RATE

JJ6 SUB-GRANT INDIRECT RATE TEST

BALANCE: \$ 40,459.99

Reimbursement Date Range: 11/01/2016 - 11/30/2016

Total FTE at affiliate during this month: 1526

Full Time Effort: 5.3%


Number of youth served during the month: 97

Number of youth served with grant funding this month: 45


% Children Served: 46.4%

Expenses


Child Safety

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Background Checks	<input type="text" value="100.00"/>	\$100.00	+	

Supplies

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Supplies	<input type="text" value="200.00"/>	\$200.00	+	

Travel

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Local Travel	<input type="text" value="100.00"/>	\$100.00	+	

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

Attachments

[Upload Attachments](#)

Expense Notes

The total of the amounts allocated to grant will be added into the indirect cost calculation

Modified Direct Cost

Total Requested for Personnel: \$ 1,627.85
Total Requested for Expenses: \$ 400.00
Total Indirect Cost: (\$ 1,627.85 + \$ 400.00) * 10% = \$ 202.78

[Previous](#) [Update Amounts](#) [Save and Exit](#) [Submit](#)

Total Requested Amount: \$ 2,230.63

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

JJ6 SUB-GRANT INDIRECT RATE TEST

BALANCE: \$ 40,459.99

Reimbursement Date Range: 11/01/2016 - 11/30/2016

Total FTE at affiliate during this month: 1526

Full Time Effort: 5.3%

Number of youth served during the month: 97

Number of youth served with grant funding this month: 45

% Children Served: 46.4%

Expenses

Child Safety

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Background Checks	<input type="text" value="100.00"/>	\$100.00	+	

Supplies

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Supplies	<input type="text" value="200.00"/>	\$200.00	+	

Travel

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Local Travel	<input type="text" value="100.00"/>	\$100.00	+	

Attachments

General Ledger (Screenshot 2016-10-30 23.03.36.png)

Upload Attachments

Expense Notes

Modified Direct Cost

Total Reqeusted for Personnel: \$ 1,627.85

Total Reqeusted for Expenses: \$ 400.00

Total Indirect Cost: (\$ 1,627.85 + \$ 400.00) * 10% = \$ 202.78

Previous Update Amounts Save and Exit Submit

You must upload the General Ledger backup that matches the current month's reimbursement amount.

Upload New Attachment

File Name:

No file chosen

Requested Amount: \$ 2,230.63

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

Reimbursements will go through a three stage approval process. You can see where your reimbursements are under the “Reimbursements” tab.

REIMBURSEMENT REQUESTS

Pending First Review				
Sub-Grant Name	Request Date	Requested Amount	Status	
JJ6 Sub-Grant FTE/TCS Test	11/5/2016	\$2,344.72	Pending First Approval	View Details
JJ6 Sub-Grant FTE/TCS Test	11/7/2016	\$1,760.72	Pending First Approval	View Details
JJ6 Sub-Grant Indirect Rate Test	11/7/2016	\$2,843.28	Pending First Approval	View Details
JJ6 Sub-Grant Indirect Rate Test	11/8/2016	\$2,230.63	Pending First Approval	View Details

Pending Final Review				
Sub-Grant Name	Request Date	Requested Amount	Status	
JJ6 Sub-Grant Indirect Rate Test	11/7/2016	\$2,208.58	Pending Final Approval	View Details

Reimbursement Requests				
Sub-Grant Name	Request Date	Requested Amount	Status	

Contact Information

- If you have any questions, please contact Kelly Baird at 443-302-2080 or kbaird@firstpic.org

