

## Building a Reimbursement Request



NCAI

OVC Example Org 2

Dashboard

About

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Logout

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

Request Id: R-5625 Organization: OVC

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

Attachments

No Attachments Found

Upload Attachment

Previous

Personnel Budgeted Amount: \$34,134.34

Personnel Balance: \$32,921.03

Personnel Requested: \$0.00

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.

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.

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

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



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 ?	
Staff 1	40.00			
Staff 2	40.00			
Staff 3	27.50			

% Time on Grant this Pay Period	Total Pay Requested	Notes
10.00%	\$200.00	+
7.50%	\$36.00	+
10.91%	\$30.00	+

Click “Update Amounts” and the system will update the “% Time on Grant this Pay period” and the “Total Pay Requested” for each employee.

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



## 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	<input type="text" value="40.00"/>	<input type="text" value="4.00"/>	<input type="text" value="Salary"/> ▾	<input type="text" value="2,000.00"/>	10.00%	\$200.00	<input type="text" value="+"/>
Staff 2	<input type="text" value="40.00"/>	<input type="text" value="3.00"/>	<input type="text" value="Hourly"/> ▾	<input type="text" value="12.00"/>	7.50%	\$36.00	<input type="text" value="+"/>
Staff 3	<input type="text" value="27.50"/>	<input type="text" value="3.00"/>	<input type="text" value="Hourly"/> ▾	<input type="text" value="10.00"/>	10.91%	\$30.00	<input type="text" value="+"/>

### Attachments

No Attachments Found

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

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

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

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

Title	Hours this Pay Period	Hours on G
Staff 1	40.00	4.00
Staff 2	40.00	3.00
Staff 3	27.50	3.00

### Attachments

No Attachments Found

Upload Attachment

### Notes for Staff 1

#### Reviewer Notes:

No Notes from National

Close

Save

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

## OVC EXAMPLE ORG 2 GRANT

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

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

### 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%	\$200.00	+
Staff 3	27.50						+

### Attachments

No Attachments Found

Upload Attachment

Previous

Update Amounts

Save

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.**



## 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

Pay Periods: 2

Status: Incomplete

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant
Staff 1	40.00	4.00
Staff 2	40.00	3.00
Staff 3	27.50	3.00

Add New Document

Payroll

Notes:

1 Select the type of document you are uploading: "Payroll" or "Timesheet"

2 Click "Upload New Attachment"

Please, do **not** enter any notes in the area.

Attachments

No Attachments

Upload Attachment

Close

Save and Close

Upload New Attachment

Previous

Update Amounts

Save

Save and Exit

Next

Total Requested Personnel: \$266.00

Personnel Balance: \$32,921.03

Personnel Budgeted Amount: \$34,434.04

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.

2

Click “Choose File” to select the file to upload. **The file must be a pdf.**

3

Once you have selected the file, make sure you click “Upload.”

4

When you are done, click “Close.”

5

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

The screenshot shows a web application interface with a modal dialog titled "Add New Document". The dialog contains a "File Name:" text input field, a "Choose File" button, and an "Upload" button. Below the "Choose File" button, it says "No file chosen" and "File size is limited to 5mb. Please upload PDF's ONLY." The background shows a main screen with a table of personnel data, a summary of budgeted and requested amounts, and a list of attachments. Numbered callouts (1-5) provide instructions for using the dialog and the main screen's upload functionality.

**Background Screen Data:**

Staff	Amount	Rate
Staff 2	40.00	3.00
Staff 3	27.50	3.00

**Summary:**

- Total Budgeted: \$74,090.24
- Pay Periods: 2
- Status: Incomplete
- Total Requested Personnel: \$266.00
- Personnel Balance: \$32,921.03
- Personnel Budgeted Amount: \$34,134.34

**Attachments:**

No Attachments Found

**Buttons:** Previous, Update Amounts, Save, Save and Exit, Next, Upload Attachment, Close





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
✕ Payroll
✕ Timesheet

Notes

Edit/Upload

View Attachment(s)



Test Upload.pdf Test Upload.pdf

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

Request Id: R-5625

Organization: OVC Example

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant
Staff 1	40.00	4.00
Staff 2	40.00	3.00
Staff 3	27.50	3.00

## Delete Payroll

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

Cancel

Delete

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

## Attachments

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

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

\$75,000.00  
Budgeted: \$  
\$74,090.24  
Incomplete

Notes  
+  
+



## 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.



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	Hourly Rate	Salary	% 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	0.00%	\$0.00	+
Staff 3	0.00	0.00	Hourly	0.00%	\$0.00	+

Attachments

No Attachments Found

Upload Attachment

# 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)

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- 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)

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- 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)

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- 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 GRANT

Total Awarded: \$75,000.00

Total Budgeted: \$

Balance: \$74,090.24

Request Id: R-5625

Organization

Pay Periods: 2

Status: Incomplete

Fringe Benefits

After you have completed all personnel entries for all pay periods in the request, you will come to Fringe Benefits.

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes			
Staff 1	0.00 \$0.00	0.00 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+			
FICA	\$0.00	SUTA	\$0.00	Workers Comp	\$0.00	Retirement	\$0.00	Other	\$0.00	Total Benefits Requested	\$0.00

Hours Towards Grant

4.00

Percent Towards Grant

5.000%

Salary Requested

\$200.00

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes			
Staff 2	0.00 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+			
FICA	0.000 % \$0.00	SUTA	\$0.00	Workers Comp	\$0.00	Retirement	\$0.00	Other	\$0.00	Total Benefits Requested	\$0.00

These amounts will be auto-calculated from the information entered in the Personnel section(s).

**Please Note:** Only fringe included in the approved budget can be entered.  
Items not included in the approved budget cannot be entered and will appear light grey.

OVC Example Org 2

Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes
<input type="text"/> \$0.00	<input type="text"/> \$0.00	<input type="text"/> \$0.00	<input type="text"/> \$0.00	<input type="text"/> \$0.00	<input type="text"/> \$0.00	<input type="text"/> \$0.00	+

FICA	SUTA	Workers Comp	Retirement	Other	Total Benefits Requested
<input type="text"/> \$0.00	<input type="text"/> \$0.00	<input type="text"/> \$0.00	<input type="text"/> \$0.00	<input type="text"/> \$0.00	\$0.00

Percent Towards Grant 5.455% Salary Requested \$30.00

1

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

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.**

3

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

4

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

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

# 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)

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- 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**

Contractor 1

**Rate**

0.00

**Quantity**

1.00

**Amount Requested****Threshold Exceeded****Notes**

+

**Attachments****Balance**

(not including pending requests)

\$1250.00

**Total Budgeted**

\$1250.00

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

**Supplies****Item**

Office Supplies

**Rate**

0.00

**Quantity**

1.00

**Amount Requested****Threshold Exceeded****Notes**

+

**Attachments****Total Requested**

(this reimbursement)

\$0.00

**Balance**

(not including pending requests)

\$1723.02

**Total Budgeted**

\$1723.02

**Travel****Item**

Travel 1

**Rate**

0.00

**Quantity**

1.00

**Amount Requested****Threshold Exceeded****Notes**

+

**Attachments**

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.

ications Sub-Grants Reimbursements Logout

Total Awarded: \$75,000.00

Total Budgeted: \$

Balance: \$74,090.24

Periods: 2

Status: Incomplete

#### Procurement Contracts

Item	Rate	Quantity
Contractor 1	<input type="text" value="500.00"/>	<input type="text" value="1.00"/>

Amount Requested Threshold Exceeded Notes Attachments

Total Requested  
(this reimbursement)  
\$0.00

Balance  
(not including pending requests)

Total Budgeted

#### Supplies

Item	Rate	Quantity	Amount
Office Supplies	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	

Total Reques  
(this reimbursen  
\$0.00

Notes are **required** 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.



## 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						
			\$0.00		\$1723.02	Total Budgeted \$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.

2

Click “Choose File” to select the file to upload. **The file must be a pdf.**

3

Once you have selected the file, make sure you click “Upload.”

4

When you are done, click “Close.”

Close

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





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	Amount Requested	Threshold Exceeded	Notes	Attachments
Office Supplies	0.00	1.00				

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



## Equipment

Item	Rate	Quantity	Amount Requested	Threshold Exceeded	Notes	Attachments
Vehicle 1	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	\$0.00		+	
Vehicle 2	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	\$0.00		+	
			<b>Total Requested</b> (this reimbursement) \$0.00	<b>Balance</b> (not including pending requests) \$25000.00	<b>Total Budgeted</b> \$25000.00	

## Attachments

No Attachments Found

You can check your request totals here.

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.



Total Awarded: \$60,000.00  
Total Budgeted: \$  
Balance: \$60,000.00  
Status: Incomplete

## TEST 5

Request Id: R-15327

Org

### Expenses

### Supplies

#### Item

Office Supplies

#### Rate

175.00

### Review & Submit

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

Cancel

Continue

### Sub Awards

#### Item

Sub-Award

#### Rate

3,500.00

1.00

\$3,500.00

Total Requested  
(this reimbursement)  
\$3500.00

Balance  
(not including pending requests)  
\$30000.00

Total Budgeted  
\$30000.00

Update Amounts

### Attachments

No Attachments Found



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.”

Total Awarded: \$60,000.00

Total Budgeted: \$55,000.00

Balance: \$60,000.00

Pay Periods: 1

Status: Revision in Progress

Submit

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		<a href="#">Test Upload.pdf 8/31/2020 1:35 PM</a>
Timesheet		<a href="#">Test Upload.pdf 8/31/2020 1:35 PM</a>

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		<a href="#">Test Upload.pdf</a> 8/31/2020 1:35 PM
Timesheet		<a href="#">Test Upload.pdf</a> 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	+
	FICA	SUTA	Workers Comp	Retirement	Other	Total Benefits Requested		
	\$7,650.00	\$10.40	\$1,000.00	\$0.00	\$0.00	\$0.00		

## REIMBURSEMENT REQUESTS

### All In Progress

Request Id	Sub-Grant Name
R-15325	TEST 4
R-15327	TEST 5

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.”

Grant: View All

All In Progress

Sort By:

Request Date

Update

Export Results

Status

Pending Approval

Pending Approval

1 - 2 of 2

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



## 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	16.00	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

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- 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

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- 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.