



BBBSA Online Reporting Site

JJ8/MYIO Budget Training Webinar

01/25/2019

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

EIN:

D.U.N.S. Number: 42944959

D.U.N.S. Expiration Date:

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
Kamaria (test)	local	

Add Contact

ing/Recruitment Lead

Extension

Edit | Delete

Users

First Name	Last Name
Kamaria (test)-local	local

Show Inactive Users

Is Active?

Yes

Deactivate

User Profile must be assigned (e.g. All Access, Self-Assessment, etc.); otherwise, the person is just an associated contact, not an actual user that can submit budgets and reimbursements

Add New Contact

First Name

Last Name

Title

Role

Phone

Extension

Email

User Profile

-- Select a Profile --

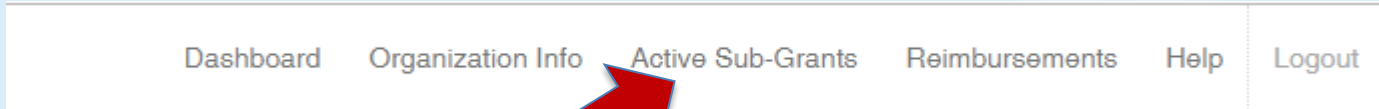
Cancel

Submit

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



Click on the appropriate “sub-grant name”

SUB-GRANTS

Grant:

View All

Sub-Grant Name:

Status:

View All

Sort By:

Name

Update

View All

Export Results

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

1 - 1 of 1

SAMPLE JJ8 GRANT

TOTAL AWARDED: \$50,000.00

Date Range: -	Balance: \$0.00	Status: Approved
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 Sub-Grant Documents Found

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

You won't be able to request reimbursement until you have an approved budget.

Click on Update Budget

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

SAMPLE JJ8 GRANT

TOTAL: \$ 50,000.00

Projected # of children served during the Grant performance period:

1

Sub-Grant Date Range: 01/01/2019 - 12/31/2019

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

2

Sub-Grant Duration: 365

Number of Full Time Equivalent staff at Affiliate:

3

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

No notes from National

Update Amounts

Save and Exit

Next

Total Requested Amount: \$ 0.00

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

Projected # of children served during the Grant performance period:

Sub-Grant Date Range: 01/01/2019 - 12/31/2019

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

Sub-Grant Duration: 365

Number of Full Time Equivalent staff at Affiliate:

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
<input type="checkbox"/> Sample Staffer	Program Staff	<input type="checkbox"/>	<input type="text" value="35000"/>	<input type="text" value="40"/>	<input type="text" value="10"/>	<input type="text" value="1/1/2019"/>	<input type="text" value="12/31/2019"/>	%	\$

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability
	\$	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Add

Personnel Notes

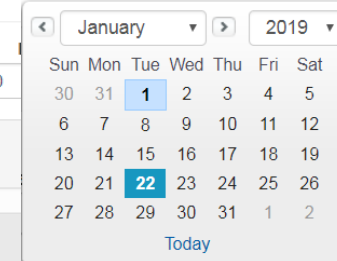
No notes from National

Update Amounts

Save and Exit

Next

Select Start and End Date for each employee to adjust time on grant. Must be within the date range of National grant. Please note that your Sub-Grantee Start Date is the date your MOA was fully executed (i.e. the latter of 1/1/2019 or the date Pam Iorio signed).



Fringe Benefits

Notes

Total Requested Amount: \$ 0.00



Click Update Amounts at any point to view calculations.

You can delete any employee by selecting the check box next the name and then selecting Delete from the “Select an Action” dropdown (Note: The system will not allow you to delete an employee once the initial budget has been approved).

Update Personnel Items

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Start Date	End Date	Projected Total
<input type="checkbox"/> Sample Staffer	Program Staff	<input type="checkbox"/>	35000.00	40.00	10.00	1/1/2019	12/31/2019	3,750.00

Select an Action ▼
Select an Action
Delete
Mark Inactive

Update

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

Personnel Notes

Include any notes about personnel or benefits under Personnel Notes.

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

Update Personnel Items

Mark Inactive

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Start Date	End Date	% Time on Grant	Projected Total
<input type="checkbox"/> Sample Staffer	<input type="text" value="Program Staff"/>	<input type="checkbox"/>	<input type="text" value="35000.00"/>	<input type="text" value="40.00"/>	<input type="text" value="10.00"/>	<input type="text" value="1/1/2019"/>	<input type="text" value="12/31/2019"/>	25.00%	\$ 8,750.00
<input type="checkbox"/> Sample Staffer 2	<input type="text" value="Finance Staff"/>	<input checked="" type="checkbox"/>	<input type="text" value="17.00"/>	<input type="text" value="20.00"/>	<input type="text" value="6.00"/>	<input type="text" value="1/1/2019"/>	<input type="text" value="12/31/2019"/>	30.00%	\$ 5,318.57

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	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	\$669.38	+
Sample Staffer 2	\$406.87	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	\$406.87	+

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:

$$\$35,000 / (40\text{hrs} \times (365/7) \text{ weeks}) = \$16.78 \text{ per hour}$$

$$\$16.78 \times 10 \text{ hrs/week} = \$167.80 \text{ per week}$$

$$(365/7) = \text{weeks the employee will work on grant}$$

$$\$168.30 \times (365/7) = \$8,750$$

Add Personnel Items

Delete Items

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Start Date	End Date	% Time on Grant	Projected Total
<input type="checkbox"/> Sample	Staffer 3	<input type="checkbox"/>	47000	40	12	4/1/2019	12/31/2019	30.0%	\$ 10,623.29

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits	Notes
Sample	\$ 812.68	<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"/>	\$ 812.68	+

Add

Personnel Notes

Salaried Personnel Calculations:

$$\$47,000 / (40\text{hrs} \times (365/7) \text{ weeks}) = \$22.53 \text{ per hour}$$

$$\$22.53 \times 12 \text{ hrs/week} = \$270.41 \text{ per week}$$

$$275 = \text{Actual days on grant (based on Start/End Date)}$$

$$(275/7) = \text{actual weeks on grant}$$

$$\$270.41 \times (275/7) = \$10,623.29$$

Update Personnel Items

Mark Inactive

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Start Date	End Date	% Time on Grant	Projected Total
<input type="checkbox"/> Sample Staffer	<input type="text" value="Program Staff"/>	<input type="checkbox"/>	<input type="text" value="35000.00"/>	<input type="text" value="40.00"/>	<input type="text" value="10.00"/>	<input type="text" value="1/1/2019"/>	<input type="text" value="12/31/2019"/>	25.00%	\$ 8,750.00
<input type="checkbox"/> Sample Staffer 2	<input type="text" value="Finance Staff"/>	<input checked="" type="checkbox"/>	<input type="text" value="17.00"/>	<input type="text" value="20.00"/>	<input type="text" value="6.00"/>	<input type="text" value="1/1/2019"/>	<input type="text" value="12/31/2019"/>	30.00%	\$ 5,318.57

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	<input type="text" value="1200"/>	<input type="text" value="400"/>	<input type="text" value="300"/>	<input type="text" value="500"/>	<input type="text" value="500"/>	<input type="text" value="1245"/>	\$1,705.63	+
Sample Staffer 2	\$406.87	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	\$406.87	+

For hourly employees, check the box under 'Hourly'

Hourly Personnel Calculations:

\$17 per hour

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

(365/7) = weeks employee will work on grant

\$102 x (365/7) = \$5,318.57

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	\$1,338.75	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	\$1,338.75	+
Sample Staffer 2	\$406.87	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	\$406.87	+

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

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

No notes from National

Update Amounts

Save and Exit

Next

Total Requested Amount: \$ 24,565.89

Budget Calculations - How FICA and Total Fringe are calculated

Update Personnel Items
Mark Inactive

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Start Date	End Date	% Time on Grant	Projected Total
<input type="checkbox"/> Sample Staffer	Program Staff	<input type="checkbox"/>	35000.00	40.00	10.00	1/1/2019	12/31/2019	25.00%	\$ 8,750.00
<input type="checkbox"/> Sample Staffer 2	Finance Staff	<input checked="" type="checkbox"/>	17.00	20.00	6.00	1/1/2019	12/31/2019	30.00%	\$ 5,318.57

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	\$406.87	0.00	0.00	0.00	0.00	0.00	0.00	\$406.87	+

[Projected Total] x 7.65% = FICA

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

$([\text{Medical}] + [\text{Dental}] + [\text{STD}] + [\text{LTD}] + [\text{Life}] + [\text{Other}]) \times [\% \text{ Time on Grant}] + [\text{FICA}] \times [\text{Grant years}]$

Example:

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

$4145 \times 25\% = \$1,036.25$

FICA: $\$8,750 \times 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

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
<input type="checkbox"/> Sample	Staffer 3	<input type="checkbox"/>	47000.00	40.00	12.00	4/1/2019	12/31/2019	30.00%	\$ 10,623.29
<input type="checkbox"/> Sample Staffer	Program Staff	<input type="checkbox"/>	35000.00	40.00	10.00	1/1/2019	12/31/2019	25.00%	\$ 8,750.00
<input type="checkbox"/> Sample Staffer 2	Finance Staff	<input checked="" type="checkbox"/>	17.00	20.00	6.00	1/1/2019	12/31/2019	30.00%	\$ 5,318.57

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	\$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	+

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

$[(\text{Medical}) + (\text{Dental}) + (\text{STD}) + (\text{LTD}) + (\text{Life}) + (\text{Other})] \times [\% \text{ Time on Grant}] + [\text{FICA}] \times [\text{Grant years}]$

Example:

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

$4145 \times 30\% (\text{time on grant}) \times 275/365 (\% \text{ of year on grant}) = \936.88

FICA = $\$10,623.29 (\text{calculated grant salary}) \times 0.0765 = \812.68

TOTAL FRINGE BENEFITS: $\$936.88 + \$812.68 = \text{\textcolor{red}{\$1,749.56}}$

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 taken out.

Add Personnel Items

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Effective Date ?	% Time on Grant	Projected Total
<input type="text" value="Sample Staffer"/>	<input type="text" value="Program Staff"/>					<input type="text" value="10/1/2017"/>	<input type="text" value="25.0%"/>	<input type="text" value="\$ 8,775.64"/>
<input type="text" value="Hourly Staffer"/>	<input type="text" value="Match Support"/>					<input type="text" value="10/1/2017"/>	<input type="text" value="25.0%"/>	<input type="text" value="\$ 4,432.14"/>

Name	FICA (7.65%)	Medical
Sample Staffer	\$ 671.34	<input type="text" value="1200"/>
Hourly Staffer	\$ 339.06	<input type="text" value="0"/>

Other	Total Fringe Benefits	Notes
<input type="text" value="1245"/>	\$ 1,707.59	<input type="text" value=""/>
<input type="text" value="0"/>	\$ 339.06	<input type="text" value=""/>

Personnel Notes

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

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	<input type="text" value="1200.00"/>	<input type="text" value="400.00"/>	<input type="text" value="300.00"/>	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>	<input type="text" value="1245.00"/>	\$1,749.56	+
Sample Staffer	\$669.38	<input type="text" value="1200.00"/>	<input type="text" value="400.00"/>	<input type="text" value="300.00"/>	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>	<input type="text" value="1245.00"/>	\$1,705.63	+
Sample Staffer 2	\$406.87	<input type="text" value="1200.00"/>	<input type="text" value="400.00"/>	<input type="text" value="300.00"/>	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>	<input type="text" value="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

Requested Personnel is the total of [Projected Total] and [Total Fringe Benefits] from this page.

Total Requested Amount includes any costs entered on the next page as well.

Indirect Rate

When to use & how it impacts calculations

- When originally creating project budget, agencies are able to apply an indirect 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 RATE

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
<input type="checkbox"/> Sample Staffer	Program Staff	<input type="checkbox"/>	35000.00	40.00	10.00	1/1/2019	12/31/2019	25.00%	\$ 8,750.00
<input type="checkbox"/> Sample Staffer 2	Finance Staff	<input checked="" type="checkbox"/>	17.00	20.00	6.00	1/1/2019	12/31/2019	30.00%	\$ 5,318.57

Fringe Benefits

Please enter annual benefit rates per employee.

Name	FICA (7.65%)	Medical	Other	Total Fringe Benefits	Notes
Sample Staffer	\$669.38	1200.00	1245.00	\$1,705.63	+
Sample Staffer 2	\$406.87	0.00	0.00	\$406.87	+

Add Personnel Items

Name	Title	Hourly ?	Rate ?
Name	FICA (7.65%)	Medical	

Indirect Rate?

Use Indirect Rate? --None--

Indirect Rate Amount: %

- 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 JJ8 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 RATE

Add Expense Items

Delete

Item Name	Category	Monthly Rate ?	Total Expense ?	Amount Allocated to Grant	Notes
<input type="checkbox"/> Background Checks	Child Safety ▼	100	1200	\$ 1,200.00	+
<div>Add</div>					

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

Add Expense Items

Item Name	Category	Monthly Rate	Total Expense	Factor Value	Factor %	Amount Allocated to Grant	Notes
Rent	Facilities	2500	30000	FTE	4.7%	\$ 1,410.00	+
Program Supplies	Supplies	0	500	TCS	50.0%	\$ 250.00	+
Background Checks	Child Safety	100	1200	Other	100.0	\$ 1,200.00	+

Add

- Enter Description of Item and the Category under which it falls – click “Update Amounts” after entering each line
- If you want the reimbursement to autofill a rate for this time, you can enter a monthly rate
- [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. Use 100% if the rate will fluctuate.
- When using “Other” you must provide a note explaining how you reached the percentage provided

Update Expense Items

Select an Action

Select an Action

Delete

Mark Inactive

Update

Child Safety

Name	Monthly Rate ?	Total Expense ?	Factor Type	Factor Value	Amount Allocated to Grant	Notes
<input checked="" type="checkbox"/> Background Checks	<input type="text" value="100.00"/>	<input type="text" value="1200.00"/>	<input type="text" value="Other"/>	<input type="text" value="100.0"/>	\$ 1,200.00	

Facilities

Name	Monthly Rate ?	Total Expense ?	Factor Type	Factor Value	Amount Allocated to Grant	Notes
<input type="checkbox"/> Rent	<input type="text" value="2500.00"/>	<input type="text" value="30000.00"/>	<input type="text" value="FTE"/>	4.7%	\$ 1,410.00	+

Other Costs

Name	Monthly Rate ?	Total Expense ?	Factor Type	Factor Value	Amount Allocated to Grant	Notes
<input type="checkbox"/> Program Supplies	<input type="text" value="0.00"/>	<input type="text" value="500.00"/>	<input type="text" value="TCS"/>	40.0%	\$ 200.00	+

After entering the expense item, select the appropriate factor value. These amounts do not have to match those in the reimbursements. Once selected, the TCS/FTE/Other factor types cannot be modified. Only the amounts can be changed through a budget modification.


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”.
(Note: The system will not allow you to delete any items after the initial budget is approved.)

Update Expense Items

Child Safety

Name	Monthly Rate ?	Total Expense ?	Factor Type	Factor Value	Amount Allocated to Grant	Notes
<input checked="" type="checkbox"/> Background Checks	100.00	1200.00	Other ▼	100.0	\$ 1,200.00	

Facilities

Name	Monthly Rate ?	Total Expense ?	Factor Type	Factor Value	Amount Allocated to Grant	Notes
<input type="checkbox"/> Rent	2500.00	30000.00	FTE ▼	4.7%	\$ 1,410.00	+

Other Costs

Name	Monthly Rate ?	Total Expense ?	Factor Type	Factor Value	Amount Allocated to Grant	Notes
<input type="checkbox"/> Program Supplies	0.00	500.00	TCS ▼	40.0%	\$ 200.00	+

Update Expense Items

Select an Action ▼

Select an Action

Delete

Mark Inactive

Update

You should not use the “Mark Inactive” during the budget development or budget update process. This is only for use after you have received reimbursements.

Name	Monthly Rate ?	Total Expense ?	Factor Type	Factor Value	Amount Allocated to Grant	Notes
<input type="checkbox"/> 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
<div>Add</div>							

Expense Notes

No notes from National

Attachments

Upload Attachments

Backup documentation such as rental agreements, active approved Federal indirect rate agreements, DOJ certifications, etc. must be uploaded to the budget so that they do not have to be provided with each reimbursement

Monthly Rate	Total Expense	Factor type	Factor value	Amount Allocated
100.00	1200.00	Other	100.0	\$ 1,200
Monthly Rate	Total Expense	Factor Type	Factor Value	Amount Allocated to Gr
00.00	30000.00			\$ 1,410.00
Monthly Rate			Factor Value	Amount Allocated
0.00			0.0%	\$ 200.00
Monthly Rate			Factor %	Amount Allocated to

Upload New Attachment

File Name:

No file chosen

File size is limited to 5mb. Please upload PDF's ONLY.

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

Sub-Grant Date Range: 01/01/2019 - 12/31/2019

TOTAL: \$100,000.00

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

☐

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

Add

Expense Notes

No notes from National

Attachments

Upload Attachments

Previous

Update Amounts

Save and Exit

Submit

Total Requested Amount: \$ 100,000.00

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

Total Requested Amount includes all Personnel & Fringe from Page 1 and Expenses from Page 2. If making updates on Page 1 it is necessary to click through to Page 2 to see the updated Total Requested Amount

These two totals must match

When finished, click "Submit"



BBBSA Online Reporting Site

JJ8/MYIO Reimbursement Request

Training Webinar

01/25/2019

CREATE OR UPDATE YOUR REIMBURSEMENT

In order to create a reimbursement, follow these steps:

Click on Active Sub-Grants

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



Click on “Request Reimbursement” at the bottom of the grant details page

View Reimbursements

Update Budget

Create Report

Request Reimbursement



You won't be able to submit a reimbursement until you have an approved budget.

Enter the required information

TEST GRANT

BALANCE: \$ 100,000.00

Request Details

Reimbursement Date Range: From: To:

Total employee hours at affiliate during this month:

Total number of youth served during the month:

Number of youth served with grant funding this month:

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

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
							\$3353.00

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
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	

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

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

- 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
- 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

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 Benefits: \$ 3,609.50

Click “Next” to proceed to the Expenses section.

FTE & 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

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

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

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	+	ⓘ

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

You must upload the General Ledger backup (in PDF format) that matches the current month's reimbursement amount, as well as a cumulative General Ledger that reflects the total of all reimbursements submitted. You must also upload a TCS report and an FTE report (also in PDF format) IF you are using these factor values.

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

Note: If you need to delete an attachment, click on the 'x' next to the attachment name.

When finished, click "Submit"

REIMBURSEMENT REQUESTS

Grant:

[View All](#)

Request Date

Update

Export Results

1 - 16 of 16



Contact Information

- Kamaria Frazier: 443-302-2080 or support@firstpic.org (Reporting Site)
- Kim Materazzo: 813-606-5060 or kim.materazzo@bbbsa.org (All other grant-related questions)