Reimbursement Request Process

Finance and Reimbursement

Reimbursement Request Process

Reimbursements must be submitted according to the following schedule. Not doing so may place an organization in non-compliance status.

Reporting period (based on closest pay period)	Due Date
January, February, March 2020	April 15, 2020
April 2020	May 15, 2020
May 2020	June 15, 2020
June 2020	July 15, 2020
July 2020	August 17, 2020
August 2020	September 15, 2020
September 2020	October 15, 2020
October 2020	November 16, 2020
November 2020	December 15, 2020
December 2020	January 15, 2021
January 2021	February 15, 2021
February 2021	March 15, 2021

Reimbursement Request Process

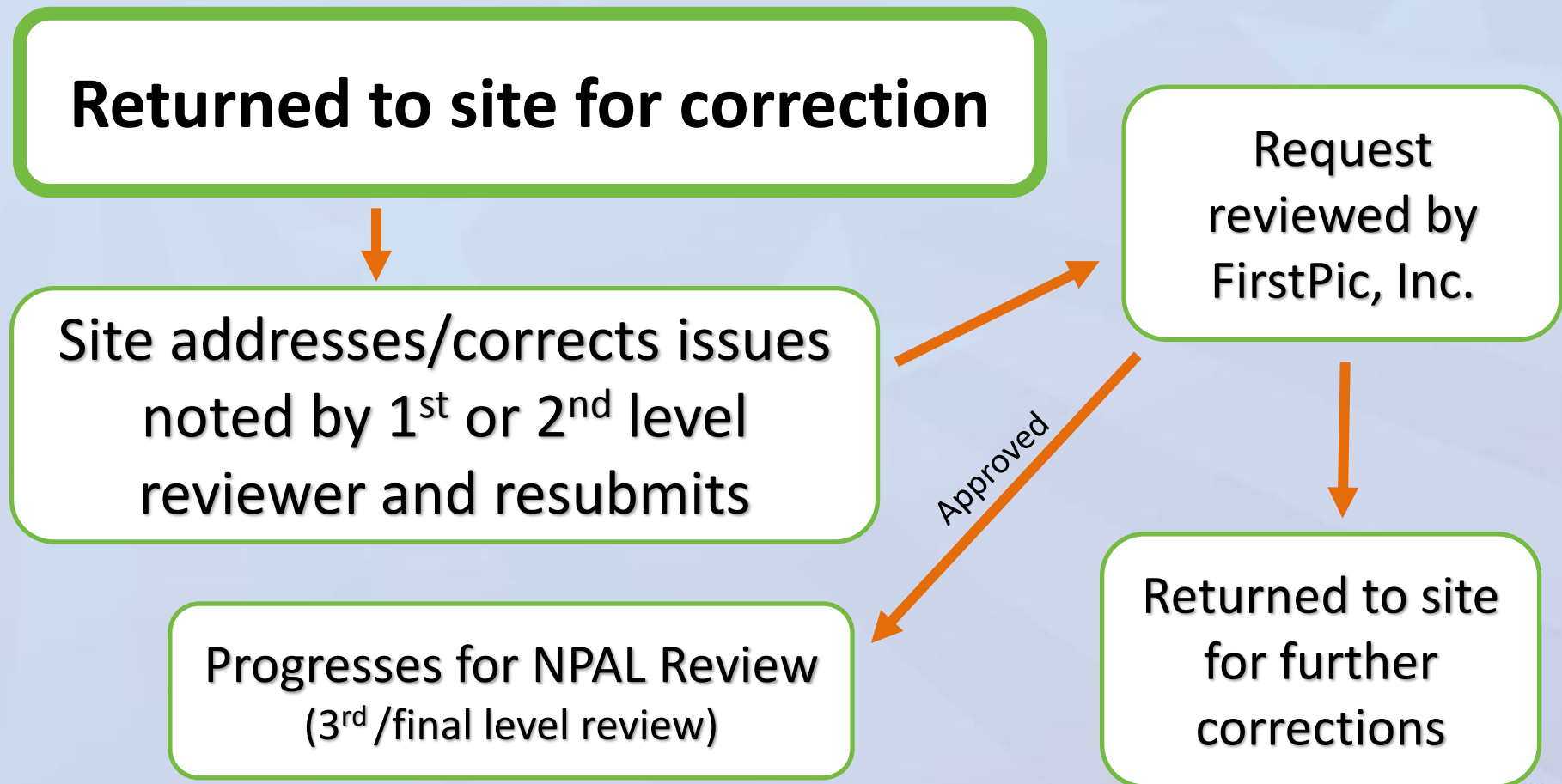**FirstPic, Inc. reviews request**
(1st and 2nd level review)

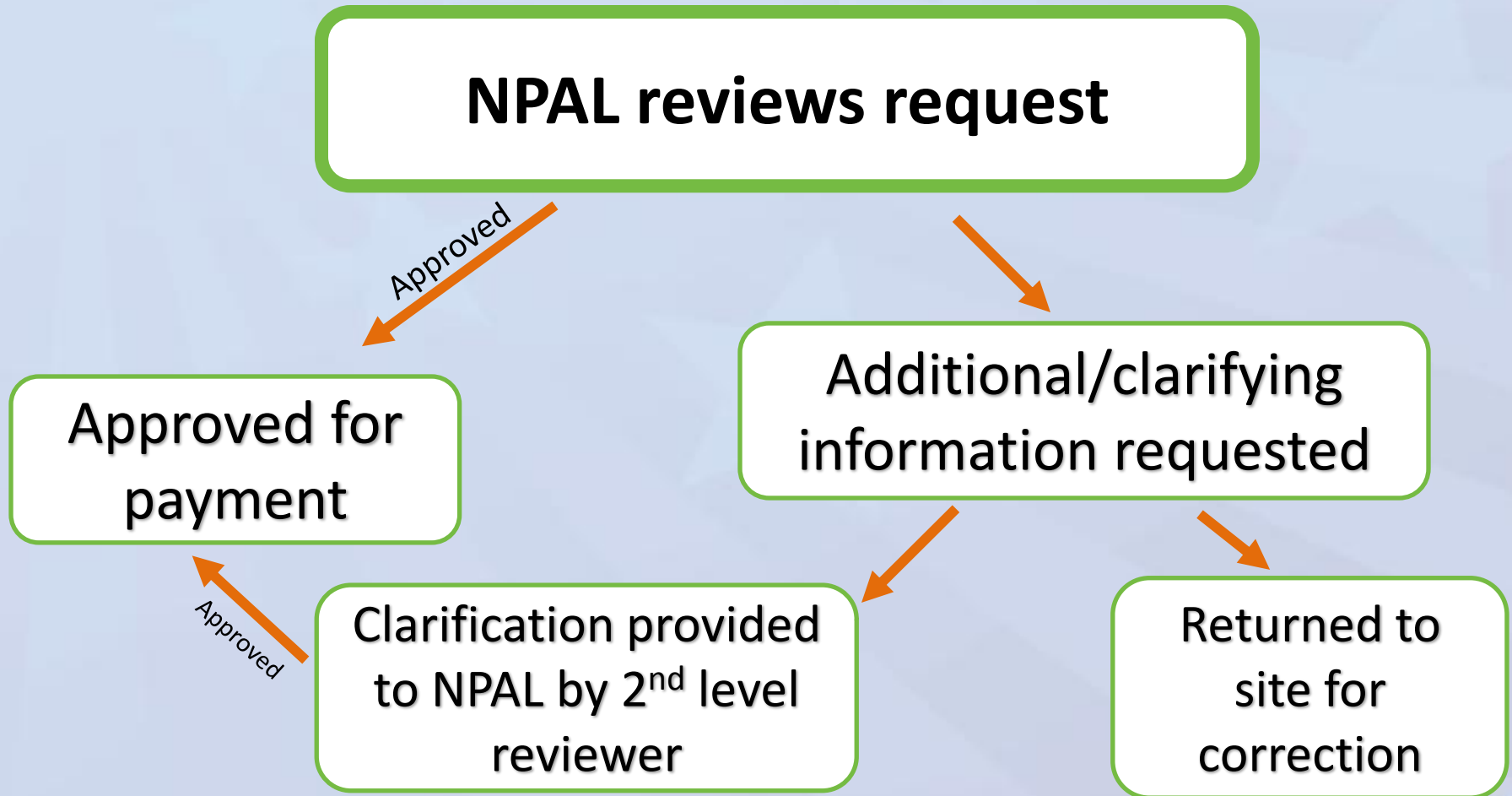Approved

Progresses for
NPAL Review
(3rd /final level review)

Returned to site for
correction

Reimbursement Request Process

Returned to site for correction

Site addresses/corrects issues noted by 1st or 2nd level reviewer and resubmits

Request reviewed by FirstPic, Inc.

Approved

Progresses for NPAL Review
(3rd /final level review)

Returned to site for further corrections

Reimbursement Request Process

NPAL reviews request

Approved

Approved for payment

Additional/clarifying information requested

Approved

Clarification provided to NPAL by 2nd level reviewer

Returned to site for correction

HELPFUL TIPS FOR SUBMITTING A SUCCESSFUL REIMBURSEMENT REQUEST

Helpful Tips for Successful Reimbursement Request

- If insurance costs were included in your budget, request dates need to begin and end as close to the first and last of the month as possible.

- Attachments must be uploaded as PDFs.
  - **<u>Size limit: 5MB</u>**

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

Helpful Tips for Successful Reimbursement Request

- Include required summary sheet when submitting **three** **(3)** or more receipts for the same line item.

- Include proper and complete supporting documentation.
    - Itemized receipts/invoice
    - Proof of payment (ex: credit card statement , copy of check, etc)
    - Time sheets/activity reports – signed by employee and supervisor
    - Proper payroll documentation

- Amounts entered need to match supporting documentation.

- Necessary information is provided in the notes section.

- For hourly personnel, total hours listed on time sheets/activity reports match hours indicated on payroll documentation.

Helpful Tips for Successful Reimbursement Request

Documentation needs to show:

- Exactly *__what__* was purchased

- Exactly *__when__* it was purchased

- *__Proof__* that *__payment__* was made

Required Information and Documentation

- Proof of payment must accompany every request that is submitted. Proof of payment may be a copy of a cancelled check, a credit card receipt, or a bank/credit card statement entry showing payment.

- Proof of payment is **_not_** the same thing as verification of what was purchased. An _itemized_ receipt or invoice is also required for reimbursement.

- A stamp marked "Paid" does **_not_** qualify as proof of payment

- Providing receipts that are legible is critical.

- All items on the receipt are clearly identifiable.

- The date needs to be clearly visible on each receipt and invoice.

Required Information and Documentation

If you submit **three** or more receipts for a given line item, you must provide a complete summary document. This will greatly increase the efficiency of processing the request for approval and payment.

Purchase Date	Vendor	Snacks	Office/ Program	Non-NPAL Mentoring	Receipt Total
5/1/2020	Walmart	$22.38	$21.18	$25.00	**$68.56**
5/12/2020	Walmart	$34.86	$22.15	$116.84	**$173.85**
5/20/2020	Sam's Club	$12.14	$0.00	$16.17	**$28.31**
5/27/2020	Staples	$0.00	$35.15	$0.00	**$35.15**
	TOTAL	**$69.38**	**$105.20**	**$158.01**	

A summary document sample/template is available on the NPAL Mentoring website under resources for finance coordinators.

Required Information and Documentation

- Information needs to be provided in the line item notes regarding the purpose of the supplies purchased as they **relate to the NPAL Mentoring program/participants**. Include the purpose of the expense as well as a breakout of how the amount was calculated (if necessary) in the notes.

National PAL and FirstPic, Inc. are committed to maintaining the highest level of fiscal responsibility with the federal funds awarded through this grant.

While we have designed NPAL Mentoring to be fun for youth, we want to make sure that all activities and events focus on educational outcomes and mentoring best practices.

Please remember that prizes, giveaways, parties, decorations, and incentives are *not* allowable costs unless told otherwise from National PAL.

A TALE OF TWO WALMART RECEIPTS

Walmart
Save money. Live better.
Self Checkout
Fast. Fun. Easy.

ST# 2845 OP# 00009043 TE# 43 TR# 09898
1GLDISPBLU 004160426701 5.00 T
1GLDISPSLVR 004160426703 5.00 T
WATERCOLORS 007166200555 2.97 X
10CT BL CLAS 007166207851 1.97 X
WATERCOLORS 007166200555 2.97 X
POSTERPAINT 007166200314 2.97 X
COLOR PENCIL 007166204012 0.97 X
COLOR PENCIL 007166204012 0.97 X
10CT BL CLAS 007166207851 1.97 X
10CT BL CLAS 007166207851 1.97 X
COLOR PENCIL 007166204012 0.97 X
32OZ STADIUM 065728451606 0.96 X
32OZ STADIUM 065728451606 0.96 X
SHARPENER 072515087015 1.97 X
POSTERPAINT 007166200314 2.97 X
TT BALL 081541901316 9.36 X
32OZ STADIUM 065728451654 0.96 X
32OZ STADIUM 065728451654 0.96 X
SUBTOTAL 45.87
TAX 1 6.750 % 3.10
TOTAL 48.97
VISA TEND 48.97

ACCOUNT # **** **** **** 1642 S
APPROVAL # 015017
REF # 519700019120
TRANS ID - 585197100228202
VALIDATION - D8FX
PAYMENT SERVICE - E
TERMINAL # SC010032

07/15/15 22:47:03

CHANGE DUE 0.00

ITEMS SOLD 18

TC# 2675 3002 3078 8470 9522

Low Prices You Can Trust. Every Day.
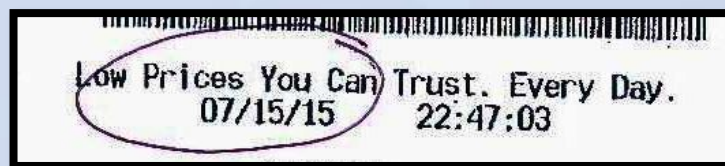07/15/15 22:47:03

CUSTOMER COPY

Savings Catcher! Scan with Walmart app

Good Receipt

This is a good receipt because:

1. The date is visible.

2. Items not charged to the grant are crossed off

3. The purpose of some of the items purchased is clarified
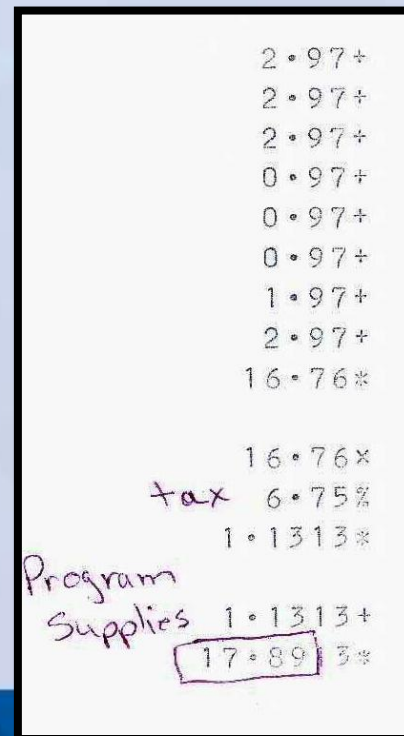
Good Receipt

4. Unidentifiable items are identified
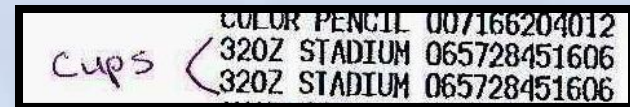
5. An adding tape totaling items being charged to the grant is included

$207.79 16-329-433-5615

Walmart
Save money. Live better.

```
              8 - 9000
              HUA MOON
              WART AVE
              - 60620
  078, OP# 0 000457 TF# 06 TR# 06589
  81 82KCR OPS     024 1      17 96 C
  FGR    SP   2    R.19        7 47 0
  FOLF   N          2          8 96 0
                  I .015      11 97 0
  8                            14 4h
  FOL       EW  007603 0
  5EA    S  TF  007603168613  11 97 D
  5EA  PULY3CRL  007603176486   8 96 0
  5EA  FTL5PKTE  007603168614  11 97 D
  5EA  FTL5PKTE  007603168  4  11 97 0
  17    20CTBOL  002840000290 F  6 48 D
  190Z  20CTFL   002840000292 F  6 48 0
  190Z  20C      002840000290 F  6 48 0
  190Z  20CTFLA  002840000292 F  6 48 0
  190Z  20CTFLA  002840000292 F  6 48 0
  200Z  OTBCAFC  078113871020 F  2 98 D
  200Z  OTBCAFC  078113871020 F  2 98 0
  200Z  OTBCAFC  078113871020 F  2 98 0
  600EA WM600C   007874208827    3 48 D
  37.80Z GVFRU   007874207204 F  5 28 0
  37.80Z GVFRU   007874207204 F  5 28 0
  31.8 Z SEASO   002430004396 F  3 25 0
  280Z  DBGPKC   002430004331 F  3 26 0
  130Z  GV       007874214755 F  1 15 D
  130Z  GV       007874214755 F  1 15 0
        32       002840000308 F  9 98 D
               0000308 F          9 98 0
  PAIN  FHLE F 070594028632      4 97 0
  240Z  12CTCHO 007874298806 F   6 00 0
  12CT  ASRT CU 007874298103 F   6 00 0
  12CT  ASRT CU 007874298103 F   6 00 0
  12CT  ASRT C  007874     03 F  6 00 0
  12CT  ASRT C  00787            6 00 0
  9 40Z CARNAP 007172          2 24 0
    40Z CARNAP 007172000       2 24 0
  9.40Z CARNAP 007172000788    2 24 0
  0EA   GV100C 007874207181    1 96 0
  PAINT 12POTS 076594016846    2 97 0
  PAINT 12PK F 076594029024    2 97 0
  PAINT 12POTS 07854 16846     2 97 0
  PAINT 12POTS 07659   5846    2 97 0
  PAINT 12POTS 076594016846    2 97 0
  PAINT  PK F 076594029024     2 97 0
                  SUBTOTAL   384.55
                  TOTAL      384.55
                      BL     384.55

ACCOUNT #      ****     *** **49 05 S
APPROVAL # 004982
REF # 4155  091887
TERMINA  # 6806557

      06/04/14     12:48:32

           CHANGE DUE      0.00

   #  ITEMS SOLD 90

TC# 9086 2328 8361 3782 8687 4
```

$207.79
16-329-433-5615
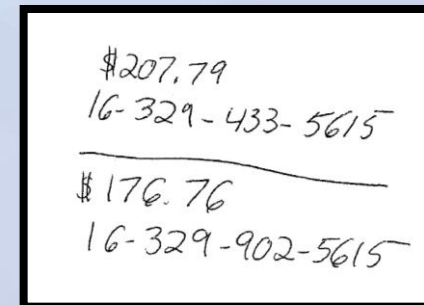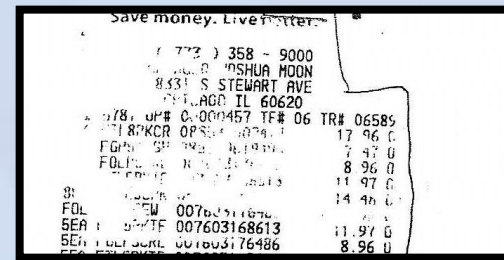
$176.76
16-329-902-5615

8 6/12

Bad Receipt

This is a bad receipt because:

1. Portions are not readable

2. Sub-totals are included but it is not clear what items are included in each sub-total

3. Several items on the receipt are unidentifiable

ONLINE REPORTING SITE

Site Access

- New Online Reporting Site
  https://firstpic.force.com/npal

- Google Chrome is the **strongly** recommended browser

- Login information will be emailed soon from support@firstpic.org (or already has been)

- User Name = Your email address

- Password = You will set it using the link in the email

HOW TO DEVELOP A REIMBURSEMENT REQUEST

Reimbursement Requests

- **<u>Only</u>** items that were included in your approved budget may be submitted for reimbursement.

- If you are unsure about something being on your approved budget, contact FirstPic, Inc. prior to making the purchase to verify.

CREATING A
REIMBURSEMENT REQUEST

National PAL
NPAL Example Land

HELLO NPAL LOCAL ADMIN.

Please note: We do not have youth demographic information on file for your organization. **Click here to enter.**

You do not have a SAM.gov expiration in the system. Please ensure that you have a DUNS number and that it is properly registered through SAM.gov. Updating SAM............ updated registration date via the About tab. Please contact Angie Caffee with any questions at acaffee@nationalpal.org
Please update your SAM.gov registration here.
Further instructions available here.

What's New/System Updates

- The default sort order for all Reimbursement List pages will now be Request Date (was previously request ID).
- CEOs are now able to request access to the site by assigning a user profile to a contact under the About tab.

Incomplete Reimbursement Requests

No Incomplete Reimbursement Requests Found

Reimbursement Requests Sent Back

No Reimbursement Requests Sent Back Found

Overdue Progress Reports

No Overdue Progress Reports Found

Once logged into the reporting site, click on Sub-Grants

SUB-GRANTS

Grant: [View All ▼]   Sub-Grant Name: [   ]

Status: [View All ▼]   Sort By: [Name ▼]   **Update**

View All

[**Export Results**]   [**View My Assignments**]

Sub-Grant Name	Awarded	Total Budgeted	Requested Amount	Approved Amount	Balance	Status
2020 NPAL Mentoring Example Land	$34,200.00	$34,199.99	$3,630.58	$3,630.58	$30,569.41	Approved

1 - 1 of 1   « ‹ › »

Select the appropriate sub-grant.

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

[**View Closed Grants**]

Supplies

Name	Total Expense	Item Budget	Requested Amount	Approved Amount	Item Balance	Notes
Office/Program Supplies	$350.00	$350.00	$0.00	$0.00	$350.00	💬
Snacks/Field Trip Meals	$459.97	$459.97	$0.00	$0.00	$459.97	💬
T-Shirts	$423.00	$423.00	$0.00	$0.00	$423.00	💬

Travel

Name	Total Expense	Item Budget	Requested Amount	Approved Amount	Item Balance	Notes
End of Year Trip - bus rental	$600.00	$600.00	$0.00	$0.00	$600.00	💬
PAL Supplies Transportation	$150.00	$150.00	$0.00	$0.00	$150.00	💬
Youth Summit	$4,650.00	$4,650.00	$0.00	$0.00	$4,650.00	💬

Expense Notes

No notes from Affiliate

No notes from National

Attachments

No Attachments Found

Additional Attachments

SUTA 2019.pdf

Scroll to the bottom of the page and click "Request Reimbursement" to begin a new reimbursement request.

View Reimbursements   Update Budget   Request Reimbursement

National PAL
NPAL Example Land

2020 NPAL MENTORING EXAMPLE LAND

BALANCE: $ 30,569.41

Request Details

Enter the date range for your request.

Reimbursement Date Range: From: 4/1/2020   To: 4/30/2020

PLEASE NOTE: You must submit a monthly reimbursement, but you can submit either based on a calendar month or aligned with your pay-periods (i.e four 1-week pay periods or two 2-week pay periods)

Cancel   **Next**

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

You should not start a reimbursement without having an approved budget.

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

PERSONNEL & FRINGE BENEFITS

2020 NPAL MENTORING EXAMPLE LAND [...] 34,199.99

Reimbursement Date Range: 04/01/2020 - 04/30/2020

Enter the total number of hours each employee worked this reporting period and the number of those hours worked on the program.

1

Personnel

Name	Title	Hours this Month	Hours on Grant	Hourly Rate	Total Mor
Jane Doe	Program Coordinator	80	20	13.45	
John Doe	CEO	160	10	23.97	

2 The hourly rate is determined based on the information initially provided in the budget. Please verify and correct if needed based on the employee's payroll documentation.

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
Jane Doe	Program Coordinator								$0.00	0.000%	$0	+
John Doe	CEO								$0.00	0.000%	$0	+
		$0	$0	$0	$0	$0	$0	$0	$0		$0	

Attachments

[Upload Attachments]

Personnel & Fringe Notes

Personnel

Name	Title	Hours this Month	Hours on Grant	Hourly Rate	Total Monthly Salary/Payroll	% Monthly Time on Grant	Requested Total
Jane Doe	Program Coordinator	80	20	13.45	$1076.00	25.000%	$269.00
John Doe	CEO	160	10	23.97	$3835.20	6.250%	$239.70
							$508.70

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
Jane Doe	Program Coordinator	0	0	0	0	0	0	0	$0.00	25.000%	$0.00	+
John Doe	CEO								$0.00	6.250%	$0.00	+
									$0		$0.00	

Click "Update Amounts" and the system will update the "Total Monthly Salary," "% Time on Grant," and the "Total Pay Requested" for each employee.

Attachments

Upload Attachments

Personnel & Fringe Notes

Previous   **Update Amounts**   Save and Exit   Next

Total Requested Amount: $ 508.70

Name	Title	Hours this Month	Hours on Grant	Hourly Rate	Total Monthly Salary/Payroll	% Monthly Time on Grant	Requested Total
Jane Doe	Program Coordinator	80	20	13.45	$1076.00	25.000%	$269.00
John Doe	CEO	160	10	23.97	$3835.20	6.250%	$239.70
							$508.70

1

Percentage based fringe such as FICA should be entered as the total monthly salary as generated by the online reporting site x 7.65%
Example: For Jane Doe, the total monthly salary of 1076 x 0.0765 (which is 7.65%) = 82.31

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
Jane Doe	Program Coordinator	82.31	0	0	0	0	0	43.04	$0.00	25.000%	$0.00	+
John Doe	CEO	293.39	300	25	0	0	0	153.41	$0.00	6.250%	$0.00	+
		$0	$0	$0	$0	$0	$0	$0	$0		$0.00	

2

Enter the appropriate premium amount for the full request period

3

Line item notes are not required in this section unless you are entering an amount for "Other" in the fringe benefits section. If you do enter an amount for "Other" you need to provide information specifically identifying this fringe benefit here.

Upload Attachments

Personnel & Fringe Notes

Previous | Update Amounts | Save and Exit | Next

Total Requested Amount: $ 508.70

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

When adding notes, this is the pop up that will appear. Please enter the necessary information and press "Save and Close" to close the screen and return to the reimbursement request page. Once you have entered and saved the notes, the "+" will change to a speech bubble.

Name	Title	Hours this Month	Hours on Grant	Hourly Rate	Total Monthly Salary/Payroll	% Monthly Time on Grant	Requested Total
Jane Doe	Program Coordinator	80	20	13.45	$1076.00	25.000%	$269.00
John Doe	CEO	160	10	23.97	$3835.20	6.250%	$239.70

Name	Title	FICA	Medicare	Dental	Short Term	Long Term	Life	Other	Total Benefits	% Monthly Grant	Total Requested Benefits	Notes
Jane Doe	Program Coordinator	82.31	0							0%	$31.34	💬
John Doe	CEO	299.39	30							%	$48.61	+
		$381.70									$79.95	

Notes for Jane Doe

Other is SUTA at 4%

No Notes from National

[Save and Close]

Attachments

[Upload Attachments]

Personnel & Fringe Notes

[Previous] [Update Amounts] [Save and Exit] [Next]

Total Requested Amount: $ 588.65

$308.70

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
Jane Doe	Program Coordinator	82.31	0	0	0	0	0	43.04	$125.35	25.000%	$31.34	💬
John Doe	CEO	299.39	300	25	0	0	0	153.41	$777.80	6.250%	$48.61	💬
		$381.70	$300	$25	$0	$0	$0	$196.45	$903.15		$79.95	

Attachments

⊗ Benefits   (Health and Dental.pdf)

⊗ Payroll   (Payroll.pdf)

⊗ Timesheet   (Timesheet.pdf)

Notes are not needed here.

Instead, all notes should be entered above, next to its relevant line item.

Upload Attachments

Personnel & Fringe Notes

[   ]

Previous   Update Amounts   Save and Exit   Next

Total Requested Amount: $ 588.65

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

Name	Title	Hours this Month	Hours on Grant	Hourly Rate	Total Monthly Salary/Payroll	% Monthly Time on Grant	Requested Total
Jane Doe	Program Coordinator	80	20	13.45	$1076.00	25.000%	$269.00
John Doe	CEO	160	10	23.97	$3835.20	6.250%	$239.70
							$508.70

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
Jane Doe	Program Coordinator	82.31	0	0	0	0	0	43.04	$125.35	25.000%	$31.34	💬
John Doe	CEO	299.39	300	25	0	0	0	153.41	$777.80	6.250%	$48.61	💬
		$381.70	$300	$25	$0	$0	$0	$196.45	$903.15		$79.95	

Attachments

[Upload Attachments]

Personnel & Fringe Notes

Click the "Upload Attachments" button to attach the required supporting documentation. You must upload a 'Timesheet' and 'Payroll' document before moving on in the request.
You may scan and upload all employee timesheets in one 'Timesheet' document and all employee payroll documents in one "Payroll" document.
Please Note: Supporting documentation must be included for any non-percentage based fringe included in the request (Medical, Dental, etc).

[Previous]   [Update Amounts]   [Save and Exit]   [Next]

Total Requested Amount: $ 588.65

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

Name	Title	Hours this Month	Hours on Grant	Hourly Rate	Total Monthly Salary/Payroll	% Monthly Time on Grant	Requested Total
Jane Doe	Program Coordinator	80	20	13.45	$1076.00	25.000%	$269.00
John Doe	CEO	160	10	23.97			

Fringe Benefits

Name	Title	FICA	M...
Jane Doe	Program Coordinator	82.31	0
John Doe	CEO	299.39	30
		$381.70	$...

Upload New Attachment

Timesheet ▾

Browse...   No file selected.

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

Upload

Close

$79.95

2 — Select the type of document you are uploading: "Payroll," "Timesheet," "Benefits," or "Other Personnel Documentation."
Please Note: Supporting documentation must be uploaded under "Timesheet" and "Payroll" in order to move forward with the request.

3 — Select "Upload" to upload the document

1 — Click browse to search for the document you would like to upload

Personnel & Fringe Notes

Please Note: Supporting documentation must be uploaded as PDFs and cannot be more than 5mb each.

Previous   Update Amounts   Save and Exit   Next

Total Requested Amount: $ 588.65

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

Name	Title	Hours this Month	Hours on Grant	Hourly Rate	Total Monthly Salary/Payroll	% Monthly Time on Grant	Requested Total
Jane Doe	Program Coordinator	80	20	13.45	$1076.00	25.000%	$269.00
John Doe	CEO	160	10	23.97	$3835.20	6.250%	$239.70
							$508.70

Fringe Benefits

Name	Title	FICA	M...	... thly Grant	Total Requested Benefits	Notes
Jane Doe	Program Coordinator	82.31	0	0%	$31.34	💬
John Doe	CEO	299.39	30	%	$48.61	💬
		$381.70			$79.95	

Attachments

Upload Attachments

Personnel & Fringe Notes

Upload New Attachment

Attachment uploaded successfully. Click "Choose File" to upload another attachment, or "Close" if you are finished.

Payroll ▾

Browse...   No file sel...

File size is limited to 5mb. P...

Upload

Close

1 If the document uploaded successfully, you should see this confirmation message.

2 When you are done, click "Close."

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

Previous   Update Amounts   Save and Exit   Next

Total Requested Amount: $ 588.65

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

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
Jane Doe	Program Coordinator	82.31	0	0	0	0	0	43.04	$125.35	25.000%	$31.34	💬
John Doe	CEO	299.39	300	25	0	0	0	153.41	$777.80	6.250%	$48.61	💬
		$381.70	$300	$25	$0	$0	$0	$196.45	$903.15		$79.95	

Attachments

⊗ Benefits (Health and Dental.pdf)

⊗ Payroll (Payroll.pdf)

⊗ Timesheet (Timesheet.pdf)

Upload Attachments

To delete an attachment, click the circled "x" to the left of the name.
To view the attachment, click on the name of the document.

Personnel & Fringe Note

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

Previous   Update Amounts   Save and Exit   Next   ested Amount: $ 588.65

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

Personel

- The corresponding position titles from your approved budget **<u>must</u>** be clearly associated with the staff names being submitted for reimbursement. Position titles, as listed in the reimbursement request, need to be written directly on the pay stub/payroll ledger and/or time sheet/activity reports.

- Submit payroll information (pay stub or payroll ledger) for each pay period covered in the reimbursement request.

Personnel

- Pay period **start** *and* **end** dates need to be clearly identified on the payroll supporting documentation submitted.
  - If both the pay period start and end date are not pre-printed on the payroll document, this needs to be written in for every pay period. (Some documents will have only the end date, or possibly only the check date.)

- Time cards or activity reports are needed for **_ALL_** employees. Time worked on the *NPAL Mentoring* program needs to be **clearly identified** and correspond with hours being entered on the request. (Note: Federal funds cannot be used to pay overtime.)

- Total hours worked on time cards/activity reports must match total hours worked indicated on the payroll documents.

Personnel

- Timesheet templates will be available on the NPAL Resources tab in the online reporting site.

- Time cards/activity reports **must** be signed by **both** the employee and supervisor.
  - For Executive Directors, a supervisor signature is also needed from a Board member or someone similar.

- The maximum percentage of time that can be claimed for personnel providing administrative support is 10%. (e.g., CEO, finance staff, etc.)

Personnel

- Leave time (sick, vacation, holiday, etc.) for hourly employees who do not work 100% on the NPAL Mentoring program may not be reimbursed from NPAL Mentoring funds.
    - Please ensure that any paid leave time for hourly employees not working 100% on the NPAL Mentoring program is accounted for on the activity reports in such a way that it is clear leave time is not being charged to this grant.

- Be watchful to make sure that time is not listed for NPAL Mentoring on national holidays for hourly employees not working 100% on the program.
    - If you do not have a separate designation for paid leave time on the time sheet/activity report, but it is listed under a more general category, please include a comment in the line item notes stating where the paid leave time was included.

Personnel

- Reimbursement requests for **<u>salaried</u>** employees will be entered as:
  1. Total number of hours worked during the reporting period
  2. Total number of hours worked on NPAL Mentoring during the reporting period
  3. Verify that the hourly rate is accurate based on the payroll documentation

- Reimbursement requests for **<u>hourly</u>** employees will be entered as:
  1. Total number of hours worked during the reporting period
  2. Total number of hours worked on NPAL Mentoring during the reporting period
  3. Verify that the hourly rate is accurate based on the payroll documentation

Personnel

- Salaried employee's hourly rate may be adjusted based on the following scenarios:
  - If the employee is paid bi-weekly and their activity report indicates that they work a full 40 hours a week, please move forward with the hourly rate generated by the online reporting site

Personnel

- Salaried employee's hourly rate may be adjusted based on the following scenarios:
  - If the employee is bi-weekly and their activity report indicates that they work more than 40 hours a week, please divide their salary by their total hours worked over the reporting period. The number generated would be their hourly rate
    - Example: Eric is a bi-weekly employee that worked 40 hours one week and 50 hours the second week. Therefore, Eric worked a total of 90 hours during this reporting period. Eric is a salaried employee, his payroll documentation indicates that he made $2,000 during this reporting period.
      - $2,000/90 hours = $22.22. Therefore Eric's hourly rate would be entered into the online reporting site as 22.22 for this reporting period.

Personnel

- Salaried employee's hourly rate may be adjusted based on the following scenarios:
  - If an employee is paid monthly, please divide their salary by their total hours worked over the reporting period. The number generated would be their hourly rate.
    - Example: Erica is a monthly employee that worked a total of 176 hours through the month of April. Erica is a salaried employee, her payroll documentation indicates that she made $3,500 during the reporting period.
      - $3,500/176 = $19.89. Therefore Erica's hourly rate would be entered into the online reporting site as 19.89 for this reporting period.

Fringe Benefits

- Fringe* paid as a set amount each month, for example, medical and dental premiums, will be entered as:
  - The applicable premium amount (less employee contributions) for the entire reimbursement request period
    - ✓ The system will calculate the reimbursable amount for percentage of time worked on the program based on the entries in Personnel.

- If premium rates are adjusted (subtracting employee contributions, changing a family rate to an employee-only rate, etc.), a detailed explanation needs to be provided in the notes or directly on the supporting documentation.

- Documentation is required that identifies benefits claimed.

*Only reimbursable if it is in your approved budget.

Fringe Benefits

- Fringe* paid out based on percentage of salary will be entered as:
  - The total monthly salary as generated by the online reporting site x 7.65%
    - The system will calculate the reimbursable amount based on the costs being reimbursed in Personnel.
- Rates such as WC, SUTA, etc. that are being requested **must** match the supporting documentation attached to the budget for these percentages.

*Only reimbursable if it is in your approved budget.

National PAL
NPAL Example Land

Dashboard   About   Sub-Grants   Reimbursements   Program ▾   Resources   Logout

2020 NPAL MENTORING EXAMPLE LAND

BALANCE: $ 34,199.99

Reimbursement Date Range:

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

Expenses

Other Costs

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Community Service Project	0.00	$0.00	+	⊕
Curriculum	0.00	$0.00	+	⊕
End of Year Trip - Admission	0.00	$0.00	+	⊕

Supplies

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

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Office/Program Supplies	0.00		+	⊕
Snacks/Field Trip Meals	0.00		+	⊕
T-Shirts	0.00	$0.00	+	⊕

Travel

Name	Rate	Amount Allocated to Grant	Notes	Attachments
End of Year Trip - bus rental	0.00	$0.00	+	⊕
PAL Supplies Transportation	0.00	$0.00	+	⊕
Youth Summit	0.00	$0.00	+	⊕

Attachments

Upload Attachments

2020 NPAL MENTORING EXAMPLE LAND

BALANCE: $ 34,199.99

Reimbursement Date Range: 04/01/2020 - 04/30/2020

Expenses

Other Costs

Name	Rate	ed to Gra	
Com...			
Cur...			⊕
End of Year Trip - Admission	0.00	$0.00	⊕

> Enter the Rate ($) for the items you are requesting.

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

Supplies

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Office/Program Supplies	0.00	$0.00	+	⊕
Snacks/Field Trip Meals	50.19	$50.19	💬	⊕
T-Shirts	0.00	$0.00	+	⊕

Travel

Name	Rate	Amount Allocated to Grant	Notes	Attachments
End of Year Trip - bus rental	0.00	$0.00	+	⊕
PAL Supplies Transportation	0.00	$0.00	+	⊕
Youth Summit	0.00	$0.00	+	⊕

Attachments

Upload Attachments

2020 NPAL MENTORING EXAMPLE LAND

BALANCE: $ 34,199.99

Reimbursement Date Range: 04/01/2020 - 04/30/2020

Expenses

Other Costs

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Community Service Project	0.00	$0.00	+	⊕
Curriculum	0.00	$0.00	+	⊕
End of Year Trip - Admission	0.00	$0.00	+	⊕

Supplies

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Office/Program Supplies	0.00	$0.00	+	⊕
Snacks/Field Trip Meals	50.19	$50.19	💬	⊕
T-Shirts	0.00	$0.00	+	⊕

Travel

Name	Rate	Amount Allocated to Grant	Notes	Attachments
End of Year Trip - bus rental				
PAL Supplies Transportation				
Youth Summit	0.00	$0.00	+	⊕

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.

Attachments

Upload Attachments

Please Note: Supporting documentation must be uploaded as PDFs and cannot be more than 5mb each.

20...   CE: $ 34,199.99

Rei...

Expenses

Other Costs

Name	Rate
Community Service Project	0.00
Curriculum	0.00
End of Year Trip - Admission	0.00

Upload New Attachment

If you choose to rename the file for the upload (this is **optional**), type the new name here.

(If renaming, please include **.pdf** at the end of the file name.)

2

File Name:

Browse...   No file selected.

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

3

Upload

1 Click browse to search for the document you would like to upload

Select "Upload" to upload the document

Supplies

Name	Rate		Attachments

Travel

When you are done, click "Close."

Close

Name	Rate		Attachments
End of Year Trip - bus rental	0.00	$0.00 +	⊕
PAL Supplies Transportation	0.00	$0.00 +	⊕
Youth Summit		$0.00 +	⊕

Attachments

You will receive a confirmation message if your upload was successful.

Repeat as necessary to upload multiple documents.

Upload Attachments

2020 NPAL MENTORING EXAMPLE LAND

BALANCE: $ 34,199.99

Reimbursement Date Range: 04/01/2020 - 04/30/2020

Expenses

Other Costs

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Community Service Project	0.00	$0.00	+	⊕
Curriculum	0.00	$0.00	+	⊕
End of Year Trip - Admission	0.00	$0.00	+	⊕

Supplies

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Office/Program Supplies	0.00	$0.00	+	⊕
Snacks/Field Trip Meals	50.19	$50.19	💬	⊕ SKM_284e19040119090.pdf ⊗
T-Shirts	0.00	$0.00	+	⊕

Travel

Name	Rate	Amount Allocated to Grant
End of Year Trip - bus rental	0.00	$0.00
PAL Supplies Transportation	0.00	$0.00
Youth Summit	0.00	$0.00

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

Attachments

Upload Attachments

National PAL
NPAL Example Land

Dashboard   About   Sub-Grants   **Reimbursements**   Program ▾   Resources   Logout

Supplies

Name	Rate	Amount Allocated to Grant	Notes	Attachments
Office/Program Supplies	0.00	$0.00	+	⬆
Snacks/Field Trip Meals	50.19	$50.19	💬	⬆ SKM_284e19040119090.pdf ⊗ ⬆
T-Shirts	0.00	$0.00	+	⬆

Travel

Name	Rate	Amount Allocated to Grant	Notes	Attachments
End of Year Trip - bus rental	0.00	$0.00	+	⬆
PAL Supplies Transportation	0.00	$0.00	+	⬆
Youth Summit	0.00	$0.00	+	⬆

Attachments

Upload Attachments

Expense Notes

When you have finished, click "Submit."

You can check your request total here.

Previous   Update Amounts   Save and Exit   **Submit**

Total Requested Amount: $ 638.84

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

REIMBURSEMENT REQUESTS

Request Id: [ ]   Grant: [View All ▼]

By: [Request Date ▼]   **Update**

The request will now be listed as "Pending Approval" on the Reimbursements page.

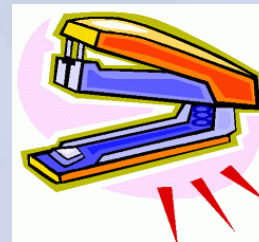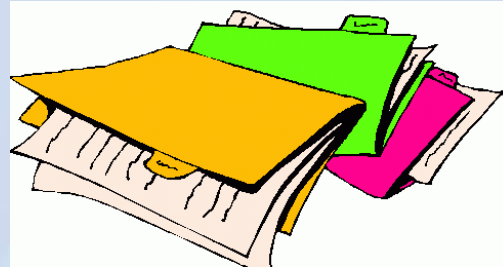If it is sent back for revisions, it will be listed as "Revisions Needed."

Once it is approved, it will be listed as "Approved."

All In Progress   **Export Results**

Request Id	Sub-Grant		ate	Requested	Amount	Status
R-5593	2020 NPAL Land				$0.00	Incomplete
R-5604	2020 NPAL Mentoring Example Land	4/1/2020	4/30/2020	3/30/2020	$134.50	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."

2020 NPAL MENTORING EXAMPLE LAND

REQUESTED AMOUNT: $134.50

Request Id:	Reimbursement Date Range:	Request Date:	Request Status: Pending
R-5604	04/01/2020 - 04/30/2020	03/30/2020	First Approval

Personnel

Name	Title			alary Approved Salary Note:
Jane Doe	Program Coordinator			

$134.50

Fringe Benefits

Name	FICA	Medical	Dental	Short Term Disability	Long Term Disability	Life	Other	Total Benefits	Requested Be
Jane Doe	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	$0.00	$0.00	$0	$0.00

Once you click "Submit," the Status will change to "Pending First Approval."

Supplies

Supplies

- Receipts need to *clearly* identify what was purchased, not just an item number or invoice number, as well as the purchase date. Clarify any items not **<u>completely identifiable</u>** on a receipt.

- All supporting documentation needs to be attached specifically to the line item for which expenses are being requested (i.e., Office/Program Supplies documentation is uploaded to the "Office/Program Supplies" line item.)

- All purchases must be reasonable and cost effective. You should be able to justify all purchases and relate these purchases to the effective implementation of the NPAL Mentoring program.

- Information needs to be provided in the notes regarding the purpose of the supplies. (e.g., The food items purchased at Sam's Club were snacks for the NPAL Mentoring participants during sessions to help them stay focused.)

Supplies

- "Supplies" include any materials that are expendable or consumed during the course of the program and nonexpendable items under $500.

- Please note that any item of a significant value (~$50) or more **will need its own line item in the budget**.

- Supplies may include:
  - Snacks/Field Trip Meals* – **ONLY** food and/or beverages may be claimed under a line item for snacks
  - Program/Office Supplies* such as poster board, copies of handouts, pens, printer cartridges, etc.
  - T-shirts* (for safety in identifying mentees during off-site events)
  - Digital Cameras*

Supplies

Other supplies purchased with these grant funds may also be used *only* for this NPAL Mentoring program until the funding period is complete, unless the cost was pro-rated when claiming reimbursement.

Note that vouchers such as *"Team Bucks"* that are used to purchase meals/snacks are **not** an allowable expense. Receipts for the end products purchased are necessary to verify the actual items purchased with grant funds.

Supplies – Item Notes

Example Notes

- **Snacks/Field Trip Meals:** Snacks were purchased and given to NPAL Mentoring participants during program meetings to keep them engaged.

- **Office/Program Supplies:** Supplies were purchased and utilized for NPAL Mentoring program activities

- **T-Shirts:** T-shirts were purchased for safety purposes and easily identifying NPAL Mentoring participants during field trips.

Travel
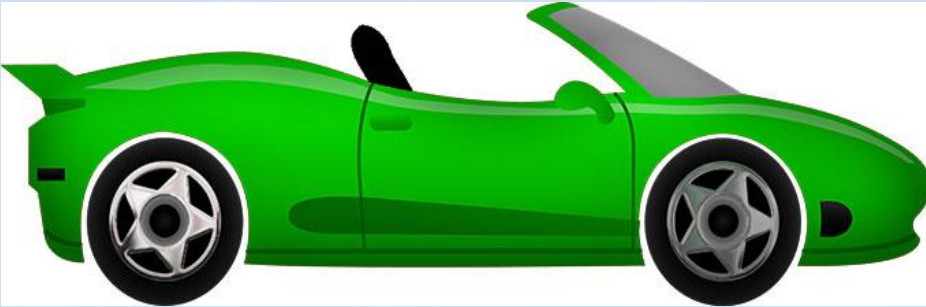
Travel

The following travel costs for attending Youth Summit are all reimbursable:

- Airfare/Train-fare/Mileage
- Baggage fees
- Hotel
- Airport Parking
- Per Diem
- Local Ground Transportation (R/T airport – home & in Potomac, MD)
    - Mileage
    - Taxi/Uber/Lyft/shuttle
    - Rental Vehicle

Itemized receipts are needed for all expenses, with the exception of mileage and per diem. Receipts should ***not*** be submitted for meals/per diem expenses.

Travel

- Other travel*
  - Mileage for personal or gas for organization-owned vehicle to pick up supplies, transport participants, etc.
- **Personal Vehicle:** A mileage log is required that shows the actual mileage incurred, date, and the purpose of the travel.
- Organizations will be reimbursed in accordance with the current federal mileage rate ($0.575/mile), unless your site has a lower mileage reimbursement rate that you are required to use.
  - You will be notified by FirstPic, Inc. if this rate changes during the award period.
- The federal mileage rate includes fuel. You cannot claim fuel separately.
- **Organization Vehicle:** sites will be reimbursed for gas, not mileage. A travel log is required showing mileage, date, purpose of travel, type of vehicle (car, minivan, full- size van, etc.) as well as gas receipts.
- Amount requested for reimbursement should reasonably reflect amount of gas used for mileage incurred.

*Only reimbursable if it is in your approved budget.

Travel - Notes

Example Notes

- **Personal Vehicle:** Mileage for the CEO to travel and purchase snacks from the grocery store for NPAL Mentoring participants during meetings.

- **Organization Owned Vehicle:** The PAL van was utilized to transport NPAL Mentoring participants to the park to clean up and revitalize the area for the community service project

- **End of the Year Trip – bus rental:** A bus was rented to transport NPAL Mentoring participants to the Skate Park for an end of the year field trip

- **Youth Summit:** Expenses for 5 youth and 1 staff member who attended the NPAL Mentoring Youth Summit including conference fees, ground transportation (Uber/Lyft), per diem, and airfare.

Contracts/Consultants

Contracts/Consultants

- The line item notes should include an explanation/justification for contracting and how the services related to/supported the NPAL Mentoring program.

- Copies of the contract and/or invoice for payment as well as proof of payment must be submitted.

- Contract/written agreement/invoice should state:
  - Dates for services provided
  - Number of hours (per day, week, or month) to perform these services
  - Description of services
  - Rate for these services
    (fee cannot exceed $650 for an 8-hour day, or $81.25/hour)

Other Costs
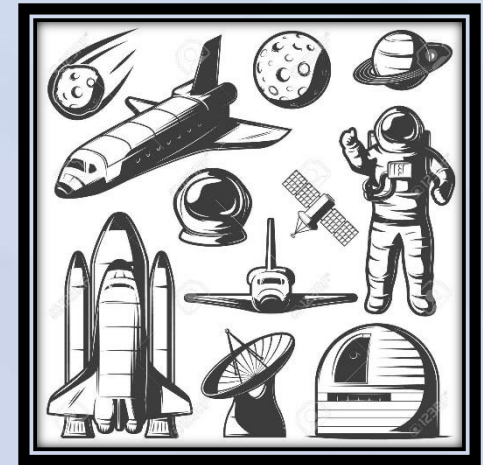
Other Costs

A narrative must be provided in the notes explaining, in detail, how the event supported the NPAL mentoring program and met program requirements.

Itemized receipts and proof of payment are needed for all expenses.

Other Costs - Notes

Example Notes

- **Community Service Project:** NPAL Mentoring participants cleaned up and revitalized the local park by picking up trash and gardening within the area. Items such as shovels, gloves, trash bags, etc were purchased and utilized by NPAL Mentoring participants for this community service project

- **Curriculum:** Curriculum was purchased and utilized to facilitate lessons throughout the NPAL Mentoring program year

- **End of the Year Trip – Admissions:** Admissions costs for the end of the year trip for NPAL Mentoring participants to recognize their commitment to the program and support bonding between mentors and mentees

Examples of <u>Allowable</u> & <u>Unallowable</u> Costs

<u>PERSONNEL</u>

Allowed: Part-time staff person to serve as the NPAL Mentoring Program Coordinator (per your LOA). Maximum of 10% of salary for administrative personnel.

<u>FRINGE BENEFITS*</u>

Allowed: Benefits paid by the employer (based on employee-only policy rates for insurance).

Not Allowed: Anything permanently affixed to the ground or building; service contracts.

*Only reimbursable if it is in your approved budget.

Examples of <u>Allowable</u> & <u>Unallowable</u> Costs

<u>SUPPLIES</u>

Allowed: Snacks when necessary, miscellaneous office/program supplies* necessary to implement the NPAL Mentoring program.

Not Allowed: Tips, anything associated with fundraising, giveaways, incentives, decorations, etc.

<u>TRAVEL*</u>

Allowed: Any local travel associated with the NPAL Mentoring program. Travel expenses related to the required Youth Summit.

Not Allowed: You may not be reimbursed for both mileage and gas. "Extra" charges for rental cars are not allowed.

*Only reimbursable if it is in your approved budget.

Examples of <u>Allowable</u> & <u>Unallowable</u> Costs

<u>CONTRACT SPECIALISTS*</u>

Allowed: Presentations by subject experts conducted as an enrichment activity. Contractors can be paid a <u>maximum</u> rate of $650/8-hour day ($81.25/hour).

<u>OTHER COSTS*</u>

Allowed: Admission costs associated with NPAL Mentoring field trips, including costs for mentors. Mentor background checks.

Not Allowed: Expenses related to non-NPAL Mentoring participants.

*Only reimbursable if it is in your approved budget.

Examples of General Unallowable Costs

- All Equipment such as computers, tablets, etc
  - Equipments includes expenses over $500
- Furniture
- Meals – unless it is for an off-site event that will span the mentee's regular meal time
- Food costs for meetings or events that NPAL Mentoring youth are not participating in
- Reimbursement for travel to or from work
- Reimbursements for mentors to travel to or from activities
- Incentives, giveaways, or gifts for mentors
- Rent or facility costs
- Utilities (phone, internet, etc)
- Shipping and postage

Budget Monitoring

Budget Monitoring

- Spending the full amount of your grant dollars helps us advocate for additional money for you in the future.

- Please, do not hesitate to reach out to us **early** if you don't think you will spend the full grant in time.
  - If we know early enough, we can help you and help ensure that it will not impact future funding decisions.

- We want to make sure that you get the most out of the money that you have been awarded. Therefore, we ask you to keep a close eye on your budget to ensure that you will spend the entirety of your award by the end of the grant period within the line items in your approved budget.

Questions?

FirstPic, Inc.

Phone: Eastern Time
(704) 492-0358

Angie Caffee - acaffee@nationalpal.org

Whitney Bennington - wbennington@nationalpal.org

Phone: Eastern Time
(443) 302-2080 (office)

- David Cook – (667) 307-4452 (direct line) dcook@firstpic.org
- Kamaria Frazier – (667) 307-4453 (direct line) kfrazier@firstpic.org
- Kari Elder – (667) 307-4451 (direct line) kelder@firstpic.org
- Matthew Bieler (667) 307-4443 (direct line) mbieler@firstpic.org