



**Big Brothers Big Sisters
of America**

BBBSA Online Reporting Site

JJ7 Budget Training Webinar

10/11/2017

CREATE OR UPDATE YOUR BUDGET

In order to update a sub-grant budget, follow these steps:
Click on Active Sub-Grants

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

Click on the appropriate “sub-grant name”

SUB-GRANTS

Name or BBBS Id:

Sort By:

[Update](#)

Active Sub-Grants

Sub-Grant Name	Awarded	Total Budgeted	Requested Amount	Approved Amount	Balance	Status
JJ2- [REDACTED]	\$60,000.00	\$76,394.25	\$42,778.72	\$46,924.08	\$29,470.17	Approved
JJ5- [REDACTED]	\$142,410.21	\$142,410.21	\$76,037.45	\$83,098.49	\$59,311.72	Approved
JJ6- [REDACTED]	\$80,000.00	\$79,999.98	\$23,707.83	\$20,490.32	\$59,509.66	Approved
Sample JJ7 Grant	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	Approved

SAMPLE JJ7 GRANT

TOTAL AWARDED: \$50,000.00

Date Range: 10/01/2017 - 09/30/2018	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

View Reimbursements

Update Budget

Create Report

Request Reimbursement

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



Click on Update Budget

Enter the required information and then click Add under “Add Personnel Items”

SAMPLE JJ7 GRANT

TOTAL: \$ 50,000.00

Projected # of children served during the Grant performance period: 1

Sub-Grant Date Range: 10/01/2017 - 09/30/2018

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

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.

2

Number of Full Time Equivalent staff at Affiliate: 3

Add Personnel Items

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Effective 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

Requested Personnel: \$ 0.00

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

SAMPLE JJ7 GRANT

TOTAL: \$ 50,000.00

Projected # of children served during the Grant performance period:

Sub-Grant Date Range: 10/01/2017 - 09/30/2018

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

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.

Number of Full Time Equivalent staff at Affiliate:

Add Personnel Items

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Effective Date ?	% Time on Grant %	Projected Total \$
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Benefits	Notes
\$		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

October 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Today

Personnel Notes

Enter the Effective Date for each employee. For most employees this will be 10/1/2017 if they start at the beginning of the grant.

No notes from National

Requested Personnel: \$ 0.00

Total Requested Amount: \$ 0.00

Click Update Amounts at any point to view calculations.

SAMPLE JJ7 GRANT

TOTAL: \$ 50,000.00

Projected # of children served during the Grant performance period: 500

Sub-Grant Date Range: 10/01/2017 - 09/30/2018

Projected # of children served with grant funding during the Grant performance period:
200

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

Number of Full Time Equivalent staff at Affiliate: 400

Add Personnel Items

4

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="checkbox"/>	<input type="text" value="35000"/>	<input type="text" value="40"/>	<input type="text" value="10"/>	<input type="text" value="10/1/2017"/>	25.0%	\$ 8,775.64

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Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits	Notes
Sample Staffer	\$ 671.34	<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"/>	\$ 671.34	<input type="text" value=""/>

Add

Include any notes about personnel or benefits under Personnel Notes.

Personnel Notes

No notes from National

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

Update Amounts Save and Exit Next

Requested Personnel: \$ 9,446.98

Total Requested Amount: \$ 9,446.98

If you include any benefits under "Other", you MUST include a description of the benefit in the notes

SAMPLE JJ7 GRANT

TOTAL: \$ 50,000.00

Projected # of children served during the Grant performance period: 500

Sub-Grant Date Range: 10/01/2017 - 09/30/2018

Projected # of children served with grant funding during the Grant performance period: 200

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.

Number of Full Time Equivalent staff at Affiliate: 400

Add Personnel Items

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Effective Date ?	% Time on Grant	Projected Total
Sample Staffer	Program Staff	<input type="checkbox"/>	35000	40	10	10/1/2017	25.0%	\$ 8,775.64

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits	Notes
Sample Staffer	\$ 671.34	0	0	0	0	0	0	\$ 671.34	+

Add

Salaried Personnel Calculations:

$$\begin{aligned} &\$35,000 / (40\text{hrs} \times 52 \text{ weeks}) = \$16.83 \text{ per hour} \\ &\$16.83 \times 10 \text{ hrs/week} = \$168.30 \text{ per week} \\ &\qquad\qquad\qquad 52.14 \text{ weeks in the grant} \\ &\$168.30 \times 52.14 = \underline{\underline{\$8,775.64}} \end{aligned}$$

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="checkbox"/>	<input type="text" value="35000"/>	<input type="text" value="40"/>	<input type="text" value="10"/>	<input type="text" value="10/1/2017"/>	25.0%	\$ 8,775.64
<input type="text" value="Hourly Staffer"/>	<input type="text" value="Match Support"/>	<input checked="" type="checkbox"/>	<input type="text" value="17"/>	<input type="text" value="20"/>	<input type="text" value="5"/>	<input type="text" value="10/1/2017"/>	25.0%	\$ 4,432.14

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits	Notes
Sample Staffer	\$ 671.34	<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="500"/>	\$ 1,521.34	
Hourly Staffer	\$ 339.06	<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"/>	\$ 339.06	+

Add

For hourly employees, check the box under 'Hourly'

Hourly Personnel Calculations:

\$17 per hour

\$17 x 5 hrs/week = \$85 per week

52.14 weeks in the grant

\$85x 52.14 = \$4,432.14

Budget Calculations - How FICA and Total Fringe are calculated

Add Personnel Items

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Effective Date ?	% Time on Grant	Projected Total
Sample Staffer	Program Staff	<input type="checkbox"/>	35000	40	10	10/1/2017	25.0%	\$ 8,775.64
Hourly Staffer	Match Support	<input checked="" type="checkbox"/>	17	20	5	10/1/2017	25.0%	\$ 4,432.14

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits	Notes
Sample Staffer	\$ 671.34	1200	400	300	500	500	1245	\$ 1,707.59	
Hourly Staffer	\$ 339.06	0	0	0	0	0	0	\$ 339.06	

[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:

$(1,200 + 400 + 300 + 500 + 500 + 1245) = 4,145$

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

$(\$1,036.25 + 671.34) \times 1 \text{ year} = \$1,707.59$

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	Other	Total Fringe Benefits	Notes
Sample Staffer	\$ 671.34	<input type="text" value="1200"/>	<input type="text" value="1245"/>	\$ 1,707.59	
Hourly Staffer	\$ 339.06	<input type="text" value="0"/>	<input type="text" value="0"/>	\$ 339.06	+

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.

Add Personnel Items

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	Effective Date ?	% Time on Grant	Projected Total
⊗ Sample Staffer	Program Staff	<input type="checkbox"/>	35000	40	10	10/1/2017	25.0%	\$ 8,775.64
⊗ Hourly Staffer	Match Support	<input checked="" type="checkbox"/>	17	20	5	10/1/2017	25.0%	\$ 4,432.14

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L. T. Disability	Life	Other	Total Fringe Benefits	Notes
Sample Staffer	\$ 671.34	1200	400	300	500	500	1245	\$ 1,707.59	
Hourly Staffer	\$ 339.06	0	0	0	0	0	0	\$ 339.06	+

Add

Personnel Notes

No notes from National

Update Amounts
Save and Exit
Next

Requested Personnel: \$ 15,254.44
Total Requested Amount: \$ 15,254.44

When finished, click “next” and it will save your work and take you to the next page.

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 (*Only applicable to JJ6 grants and beyond*)

When to use & how it impacts calculations

- When originally creating project budget, affiliates are able to apply an indirect rate rather than using FTE and TCS
 - If the affiliate 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.
 - Affiliates cannot change from factor values to indirect rate, or vice versa, after the initial budget approval

USING AN INDIRECT RATE

SAMPLE JJ7 INDIRECT RATE TOTAL: \$ 50,000.00

Projected # of children served during the Grant performance period: Sub-Grant Date Range: 10/01/2017 - 09/30/2018

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

Number of Full Time Equivalent staff at Affiliate:

Add Personnel Items

Name	Title	Hourly	Rate	Total Hrs/Wk	Grant Hrs/Wk	Effective Date	% Time on Grant	Projected Total
Staff	Program Support		50000	40	20	10/1/2017	50.0%	\$ 25,070.29

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits	Notes
Staff	\$ 1,917.88	<input type="text" value="0"/>	<input type="text" value="0"/>				<input type="text" value="0"/>	\$ 1,917.88	+

Personnel Notes

No notes from National

Requested Personnel: \$ 26,988.17
Total Requested Amount: \$ 26,988.17

- 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 JJ7 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

Update Expense Items

Select an Action ▼ Update

Child Safety

Name	Monthly Rate ?	Total Expense ?	Amount Allocated to Grant	Notes
<input type="checkbox"/> Background Checks	100.00	1200.00	\$ 1,200.00	+

Add Expense Items

▼

Item Name	Category	Monthly Rate ?	Total Expense ?	Amount Allocated to Grant	Notes
<div>Add</div>					

Expense Notes

No notes from National

Attachments

Upload Attachments

Modified Direct Cost

Total Requested for Personnel: \$ 26,988.17

Total Requested for Expenses: \$ 1,200.00

Total Indirect Cost: (\$ 26,988.17 + \$ 1,200.00) * 10.0% = \$ 2,818.82

Previous

Update Amounts

Save and Exit

Submit

Total Requested Amount: \$ 31,006.99

When using an indirect rate, enter expenses directly and they will be included 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
<input type="text" value="Rent"/>	<input type="text" value="Facilities"/>	<input type="text" value="2500"/>	<input type="text" value="30000"/>	<input type="text" value="FTE"/>	<input type="text" value="4.7%"/>	<input type="text" value="\$ 1,410.00"/>	<input type="text" value=""/>
<input type="text" value="Program Supplies"/>	<input type="text" value="Supplies"/>	<input type="text" value="0"/>	<input type="text" value="500"/>	<input type="text" value="TCS"/>	<input type="text" value="50.0%"/>	<input type="text" value="\$ 250.00"/>	<input type="text" value=""/>
<input type="text" value="Background Checks"/>	<input type="text" value="Child Safety"/>	<input type="text" value="100"/>	<input type="text" value="1200"/>	<input type="text" value="Other"/>	<input type="text" value="100.0"/>	<input type="text" value="\$ 1,200.00"/>	<input type="text" value=""/>

Add

- Enter Description of Item and the Category under which it falls
- 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
- 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"/>	<div>Other</div>	<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"/>	<div>FTE</div>	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"/>	<div>TCS</div>	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.


Full Time Effort = Sum of 'Hours on Grant' / Total FTE at affiliate

% 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”

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	+

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.

SAMPLE JJ7 GRANT

Sub-Grant Date Range: 10/01/2017 - 09/30/2018

TOTAL: \$50,000.00

Full Time Effort: 4.7%
% Children Served: 40.0%

Update Expense Items
Select an Action
Update

Child Safety

Name	Monthly Rate	Total Expense	Factor Type	Factor Value	Amount Allocated to Grant	Notes
<input type="checkbox"/> Background Checks	<input type="text" value="100.00"/>	<input type="text" value="1200.00"/>	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"/>	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"/>	TCS	40.0%	\$ 200.00	+

Add Expense Items

Add

Item Name	Category	Monthly Rate	Total Expense	Factor Value	Factor %	Amount Allocated to Grant	Notes
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Expense Notes

No notes from National

Attachments

Upload Attachments

Previous

Update Amounts

Save and Exit

Submit

Total Requested Amount: \$ 18,064.44

Backup documentation such as rental agreements and active approved Federal indirect rate agreements can be uploaded to the budget so that it does not have to be provided with each reimbursement

The background is a table with the following columns: Monthly Rate, Total Expense, Factor Type, Factor Value, and Amount Allocated. The table has several rows of data, some of which are partially obscured by the modal window.

The modal window is titled "Upload New Attachment" and contains the following elements:

- A text input field labeled "File Name:".
- A "Choose File" button.
- A message "No file chosen".
- A note: "File size is limited to 5mb. Please upload PDF's ONLY."
- An "Upload" button.
- A "Close" button at the bottom right.

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>

SAMPLE JJ7 GRANT

Sub-Grant Date Range: 10/01/2017 - 09/30/2018

TOTAL: \$50,000.00

Full Time Effort: 12.5%
% Children Served: 40.0%

Update Expense Items Select an Action Update

Child Safety

Name	Monthly Rate	Total Expense	Factor Type	Factor Value	Amount Allocated to Grant	Notes
<input 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	2800.00	30950.00	FTE	12.5%	\$ 3,868.75	+

Supplies

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	+

Travel

Name	Monthly Rate	Total Expense	Factor Type	Factor Value	Amount Allocated to Grant	Notes
<input type="checkbox"/> Local Travel	0.00	500.00	Other	100.0	\$ 500.00	

Add Expense Items

Item Name	Category	Monthly Rate	Total Expense	Factor Value	Factor %	Amount Allocated to Grant	Notes
<input type="text" value="Misc"/>	Other Costs	0	1.58	Other	100	\$	+

Add

Expense Notes

No notes from National

Attachments

Upload Attachments

Previous Update Amounts Save and Exit Submit

These two totals must match

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

When finished, click "Submit"

Total Requested Amount: \$ 49,998.42



**Big Brothers Big Sisters
of America**

BBBSA Online Reporting Site

JJ7 Reimbursement Request Training
Webinar

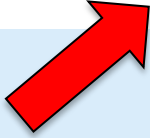
10/11/2017

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](#) [Reports](#) [Help](#) [Logout](#)



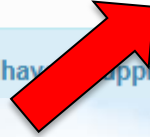
Click on “Request Reimbursement” at the bottom of the grant details page

[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

SAMPLE JJ7 INDIRECT RATE

BALANCE: \$ 0.00

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 with an **indirect rate**. If this is incorrect please resubmit your budget before creating a reimbursement request.
☐ 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.

SAMPLE JJ7 INDIRECT RATE

BALANCE: \$ 0.00

Reimbursement Date Range: 10/01/2017 - 10/31/2017 Total FTE at affiliate during this month: 320 Full Time Effort: 14.062%
Number of youth served during the month: 100 Number of youth served with grant funding this month: 25 % Children Served: 25.000%

Personnel		5	6	7			
Name	Title	Hours this Month	Hours on Grant	Hourly Rate	Total Monthly Salary/Payroll	% Monthly Time on Grant	Requested Total
Staff	Program Support	<input type="text" value="186"/>	<input type="text" value="45"/>	<input type="text" value="24.04"/>	\$4471.44	24.194%	\$1081.80
							\$1081.80

Fringe Benefits												
		8					9					
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
Staff	Program Support	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0.00	24.194%	\$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.

Close

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

Unlike with the budget, you will need to enter FICA. Calculate FICA based on the Total Monthly Salary/Payroll.

SAMPLE JJ7 INDIRECT

BALANCE: \$ 32,061.82

Reimbursement Date Range: 10/01/2017 - 10/31/2017 Total FTE at affiliate during this month: 320 Full Time Effort: 14.062%

Number of youth served during the month: 100 Number of youth served with grant funding this month: 25 % Children Served: 25.000%

Personnel

Name	Title	Hours this Month	Hours on Grant	Hourly Rate	Total Monthly Salary/Payroll	% Monthly Time on Grant	Requested Total
Staff	Program Support	186.00	45.00	24.04	\$4471.44	24.194%	\$1081.80
							\$1081.80

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
Staff	Program Support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	24.194%	\$0.00	+
									\$0.00		\$0.00	

Attachments

- Timesheet (Screenshot_reimbursement.pdf)
- Payroll (Screenshot_reimbursement.pdf)

Upload Attachments

Personnel & Fringe Notes

Previous Update Amounts Save and Exit Next

Total Requested Amount: \$ 1,081.80

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

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

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

SAMPLE 957 - GRANT

BALANCE: \$ 49,039.20

Reimbursement Date Range: 10/01/2017 - 10/31/2017 Total FTE at affiliate during this month: 320 Full Time Effort: 0.000%

Number of youth served during the month: 100 Number of youth served with grant funding this month: 25 % Children Served: 25.000%

Expenses

Child Safety

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Background Checks	100.00	Other	% 100.0	\$100.00	+	⊕

Facilities

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Rent	1,200.00	FTE	0.000%	\$0	+	⊕

Supplies

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Program Supplies	0.00	TCS			+	⊕

Travel

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Local Travel	0.00	Other	% 100.0	\$0		

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

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

Travel

Name	Rate	Factor Type	Factor Value	Amount Allocated to Grant	Notes	Attachments
Local Travel	100.00	Other	% 75.0	\$75.00	+	⊕

SAMPLE JJ7 INDIRECT RATE

BALANCE: \$ 32,061.82

Reimbursement Date Range:	10/01/2017 - 10/31/2017	Total FTE at affiliate during this month:	320	Full Time Effort:	14.062%
Number of youth served during the month:	100	Number of youth served with grant funding this month:	25	% Children Served:	25.000%

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

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

Expenses				
Child Safety				
Name	Rate	Amount Allocated to Grant	Notes	Attachments
Background Checks	<input type="text" value="150.00"/>	\$150.00	+	

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

Big Brothers Big Sisters
Admin Test Organization

Dashboard Organization Info Active Sub-Grants Reimbursements Reports Logout

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

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

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

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

Attachments

General Ledger (BBBSA Budget update launch.pdf)

Upload Attachments

Expense Notes

Previous Update Amounts Save and Exit **Submit**

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

Requested Amount: \$ 2,679.77

You must upload the General Ledger backup (in PDF format) that matches the current month's reimbursement amount.

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

When finished, click "Submit"

REIMBURSEMENT REQUESTS					
Name or Request Id: <input type="text"/>			Sort By: <input type="text" value="Request Date"/>		<input type="button" value="Update"/>
Pending Approval					
Request Id	Sub-Grant Name	Start Date	End Date	Request Date	Requested Amount
R-0962	JJ5- [REDACTED]	1/1/2017	1/31/2017	5/24/2017	\$5,592.31
R-0966	JJ6- [REDACTED]	2/1/2017	2/28/2017	5/25/2017	\$6,386.65
R-1062	JJ5- [REDACTED]	2/1/2017	2/28/2017	5/25/2017	\$8,333.50
R-1626	Sample JJ7 Indirect Rate	10/1/2017	10/31/2017	10/3/2017	\$1,354.98
Incomplete Requests					
Request Id	Sub-Grant Name	Start Date	End Date	Request Date	Requested Amount
R-1386	JJ2- [REDACTED]	3/1/2017	3/31/2017	5/12/2017	\$3,071.36
R-1467	JJ6- [REDACTED]	4/1/2017	4/30/2017	5/18/2017	\$9,808.28
R-1468	JJ2- [REDACTED]	4/1/2017	4/30/2017	5/18/2017	\$4,113.14
R-1384	JJ6- [REDACTED]	3/1/2017	3/31/2017	5/19/2017	\$8,280.48
R-1627	Sample JJ7 Grant	10/1/2017	10/31/2017	10/3/2017	\$0.00
Completed Reimbursement Requests					
Request Id	Sub-Grant Name	Start Date	End Date	Request Date	Requested Amount
R-0063	JJ2- [REDACTED]	11/1/2015	9/30/2016		\$35,173.28
R-0076	JJ5- [REDACTED]	11/1/2015	9/30/2016		\$62,111.64
R-0333	JJ5- [REDACTED]	11/1/2016	11/30/2016	1/18/2017	\$0.00
R-0316	JJ2- [REDACTED]	11/1/2016	11/30/2016	2/14/2017	\$2,400.41
R-0349	JJ6- [REDACTED]	11/1/2016	11/30/2016	3/7/2017	\$4,110.78
R-0043	JJ6- [REDACTED]	10/1/2016	10/31/2016	3/13/2017	\$5,545.37
R-0511	JJ2- [REDACTED]	10/1/2016	10/31/2016	3/20/2017	\$2,803.41
R-0918	JJ6- [REDACTED]	12/1/2016	12/31/2016	3/21/2017	\$481.36
R-0928	JJ5- [REDACTED]	10/1/2016	10/31/2016	3/22/2017	\$0.00
R-0943	JJ2- [REDACTED]	12/1/2016	12/31/2016	3/23/2017	\$0.00

Contact Information

If you have any questions, please contact Matt Lafreniere at 443-302-2080 or support@firstpic.org

