On the T.R.A.I.L. to Diabetes Prevention

Diabetes Prevention

Financial Online Reporting

Outline of Financial Reimbursement Topics

- Reimbursement Request Due Dates
- Bridging the Program/Finance Divide
- The Reimbursement Request Process/Helpful Tips
- Supporting Documentation Review
- Reimbursement Requests by Category
  - Budget approval
  - Personnel
  - Fringe Benefits
  - Equipment
  - Supplies
  - Local Travel
  - Contracts/Consultants
  - Other Costs
- Examples of Allowable vs. Unallowable Costs
- Review the Online Reporting Site

Finance and Reimbursement

Reimbursement Request Process

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

Reporting period (based on closest pay period)	Due Date
September - October 2020 expenses	November 16, 2020
November - **December 31, 2020** expenses	January 20, 2021
January 1 - February 2021 expenses	March 15, 2021
March - April 2021 expenses	May 17, 2021
May - June 2021 expenses	July 15, 2021
July – August 31, 2021 expenses	September 24, 2021

Quiz!

- My role is to do finances, so the LOA doesn't really apply to me and I don't need a copy of it. True or False?
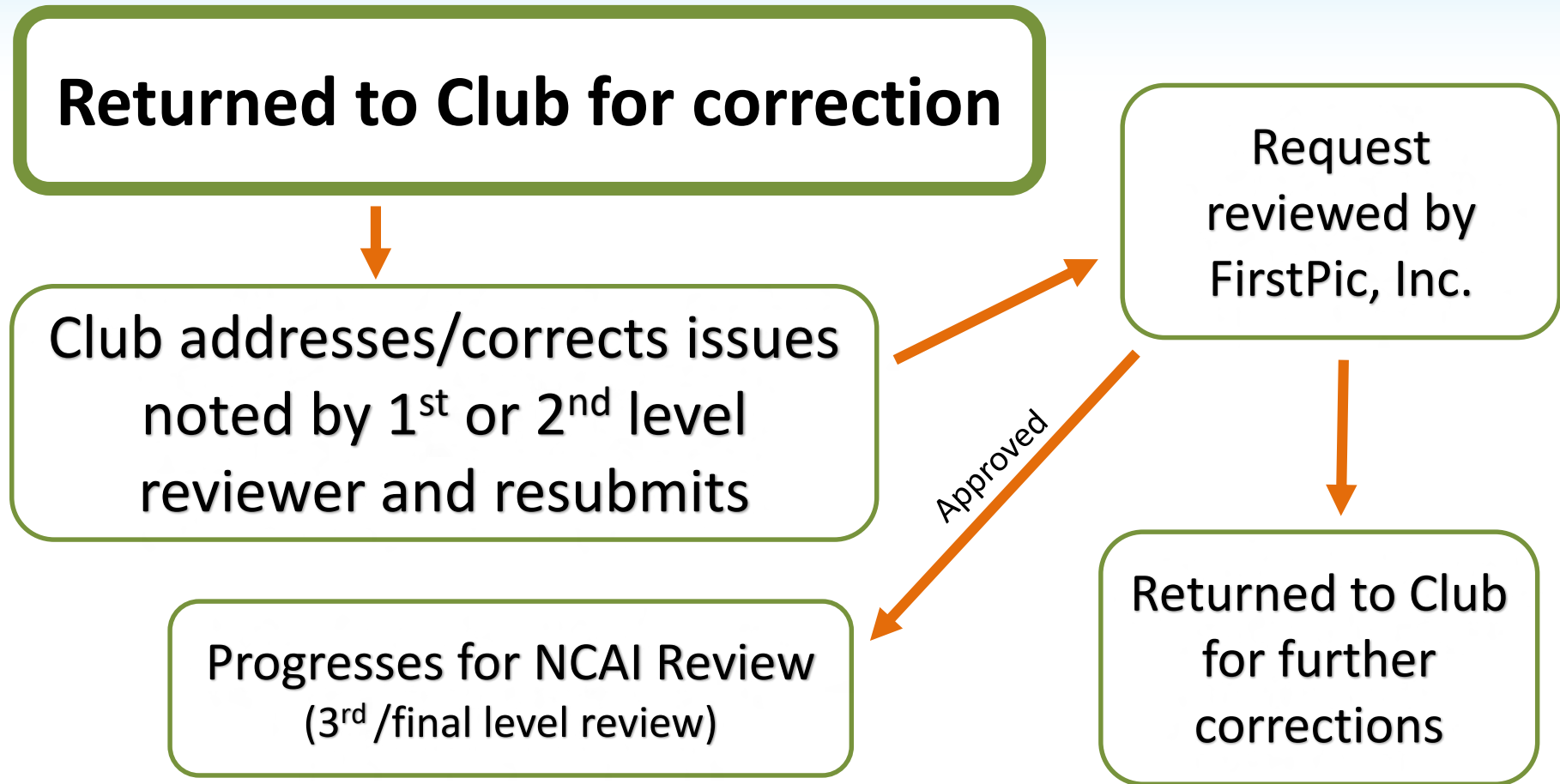
False

Reimbursement Request Process

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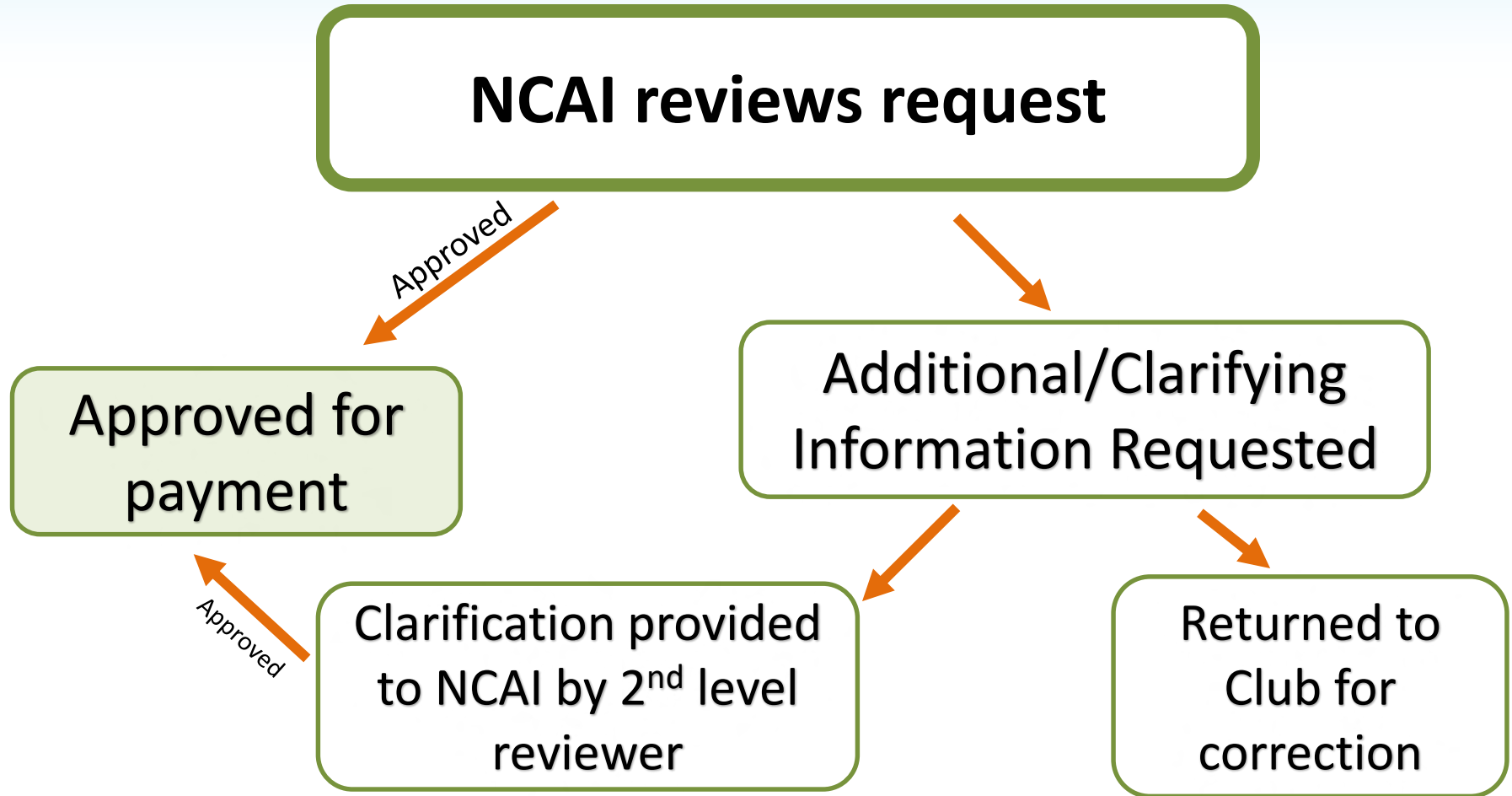(1st and 2nd level review)

Approved

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

Returned to Club for
correction

Reimbursement Request Process

Returned to Club for correction

↓

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

Request reviewed by FirstPic, Inc.

Approved

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

Returned to Club for further corrections

Reimbursement Request Process

NCAI reviews request

Approved

Approved for payment

Additional/Clarifying Information Requested

Approved

Clarification provided to NCAI by 2nd level reviewer

Returned to Club for correction

Helpful Tips for Submitting a Successful Reimbursement Request

Helpful Tips for Successful Reimbursement Request

- Reporting dates for reimbursement requests are determined by the ***pay periods***, which are not necessarily calendar months. Pay period dates **must** match reporting dates.
(exceptions: beginning of program year, new calendar year, and end of program year)

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

- Reporting dates for reimbursement requests may not overlap.

- It is recommended that reimbursement requests be limited to four or less pay periods. However, the system will accommodate up to 10 pay periods per request.

- Attachments must be uploaded as PDFs. **Size limit: 10 MB**

- 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
  - Proof of payment
  - 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.

- Total hours listed on time sheets/activity reports must 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

- If you are claiming fringe such as Workers Comp, SUTA, etc. you will need to include the appropriate supporting documentation for the rate being claimed in each request.

- 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.

Required Information and Documentation

- An _itemized_ receipt or invoice is also required for reimbursement.

- Providing receipts that are legible is critical - all items on the receipt must be clearly identifiable.

- The date needs to be clearly visible on each receipt and invoice.
  (date expense was incurred: purchase date/event date)

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	Healthy Foods	Office/ Program	Physical Activity	Non- T.R.A.I.L.	Receipt Total
9/5/2020	Walmart	$22.38	$0.00	$65.75	$25.00	**$113.13**
9/15/2020	Fresh Mart	$89.15	$0.00	$0.00	$0.00	**$89.15**
9/24/2020	Walmart	$34.86	$22.15	$55.75	$0.00	**$112.76**
10/6/2020	Sam's Club	$78.25	$0.00	$0.00	$52.00	**$130.25**
10/16/2020	Staples	$0.00	$35.15	$0.00	$0.00	**$35.15**
	TOTAL	**$224.64**	**$57.30**	**$121.50**	**$77.00**	

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 T.R.A.I.L. program/participants**. Include the purpose of the expense as well as a breakout of how the amount was calculated (as applicable) in the notes.

- Communication between program staff and financial staff is critical in order to have the required narrative in the notes to support the claims.

Grant Accountability

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

While T.R.A.I.L. is a program that should be fun for the participants, we want to make sure that all activities and events focus on the educational outcomes and initiatives of the program.

Please remember that prizes, giveaways, parties, decorations, and incentives are not allowable costs with T.R.A.I.L. program funds.

Quiz!

The Club purchased soccer balls and basketballs under the Physical Activity Supplies line item in their approved budget. Which comment below would be the best information to enter into the notes section of the applicable reimbursement request?

a) We purchased soccer balls and basketballs.

b) No comment needed.

c) We purchased soccer balls and basketballs for use at the Club.

d) We purchased soccer balls and basketballs for use by the T.R.A.I.L. participants to support the physical activity part of the program.

A Tale of Two Wal-Mart Receipts

Walmart
Save money. Live better.

```
( 907 ) 563 - 5900
MANAGER ALLEN MANDERSON

ST# 2070 OP# 00000014 TE# 16 TR# 07437
CASH DRAWER 007565683123
   10 AT  1 FOR    3.00        30.00 N
GV CEREAL     007874235886 F    2.98 O
GV CEREAL     007874235886 F    2.98 O
GV CEREAL     007874235886 F    2.98 O
GV CEREAL     007874235886 F    2.98 O
GV CEREAL     007874235886 F    2.98 O
INDEX CARD    007878740146      1.24 N
INDEX CARD    007878740146      1.24 N
INDEX CARD    007878740146      1.24 N
INDEX CARD    007878740146      1.24 N
INDEX CARD    007878740146      1.24 N
              SUBTOTAL         51.10
MRKR BRD      007166207722
   10 AT  1 FOR    0.97         9.70 N
COLORED PENC  007166204012
   10 AT  1 FOR    0.97         9.70 N
9 HD PLT 70   068113102601      3.73 N
9 HD PLT 70   068113102601      3.73 N
9 HD PLT 70   068113102601      3.73 N
9 HD PLT 70   068113102601      3.73 N
9 HD PLT 70   068113102601      3.73 N
BDGT HH CALC  072854670240
   15 AT  1 FOR    0.94        14.10 N
SUAVE         004589310867      4.41 N
SUAVE         004589310867      4.41 N
SUAVE         004589310867      4.41 N
SUAVE         004589310867      4.41 N
SUAVE         004589310867      4.41 N
SYRUP         076172005110 F    2.52 O
SYRUP         076172005110 F    2.52 O
SYRUP         076172005110 F    2.52 O
SYRUP         076172005110 F    2.52 O
SYRUP         076172005110 F    2.52 O
QU CR/HL YEL  003000003050 F    1.74 O
QU CR/HL YEL  003000003050 F    1.74 O
QU CR/HL YEL  003000003050 F    1.74 O
QU CR/HL YEL  003000003050 F    1.74 O
QU CR/HL YEL  003000003050 F    1.74 O
GLITTER TUB   076594016818      2.71 N
GLITTERSHAKE  076594040931      2.71 N
GLITTERSHAKE  076594040931      2.71 N
GLITTER TUB   076594016818      2.71 N
GLITTERSHAKE  076594040931      2.71 N
              SUBTOTAL        160.15
              TOTAL           160.15
         WALMART CREDIT TEND  160.15

ACCOUNT #    **** **** **** **65 09 S
APPROVAL # 017796
REF # 410700884000
T.O. #         1002
TERMINAL # MX065099

   04/17/14     11:48:07

            CHANGE DUE     0.00

# ITEMS SOLD 80

TC# 7118 0769 4717 9421 7089 9
```

Handwritten annotations:
- 2 @ .98
- Cornflakes Cereal Chapter 8 Act. 2
- 2 @ .97
- 2 @ .97
- 3 @ .94
- Hand lotion Chapt. 4 Act. 2
- 3.00 ÷
- 3.00 ÷
- 2.98 ÷
- 1.24 ÷
- 0.97 ÷
- 0.97 ÷
- 0.97 ÷
- 3.73 ÷
- 0.94 ÷
- 0.94 ÷
- 0.94 ÷
- 4.41 ÷
- 2.52 ÷
- 1.74 ÷
- 2.71 ÷
- 32.03

```
Our Guaranteed Low Prices
Are Unbeatable with Ad Match!
   04/17/14     11:48:07

***CUSTOMER COPY***
```

Acceptable Receipt

This is an acceptable receipt because:

1. Items not charged to the grant are crossed off

2. The purpose of some of the items purchased is clarified

3. Unidentifiable items are identified

4. An adding tape totaling items being charged to the grant is included

THANK YOU! WE VALUE YOUR OPINION!

$207.79 16-329-433-5615
$176.76

Walmart
Save money. Live better.

(773) 358 - 9000
MGR JOSHUA MOON
8331 S STEWART AVE
CHICAGO IL 60620

ST# 2781 OP# 00000457 TE# 06 TR# 06589

82KCR		17.96	G
FGHT		7.47	0
FOLD		8.96	0
		11.97	G
8:		14.46	G
FOL SEW 0076031168613			
5EA SW TE 0076031168613		11.97	0
5EA FULL SCRE 0076031176486		8.96	0
5EA FTL5PKTE 0076031168614		11.97	0
5EA FTL5PKTE 0076031686 4		11.97	0
190Z 20CTBOL 002840000290 F		6.48	0
190Z 20CTFLA 002840000292 F		6.48	0
190Z 20CTFLA 002840000290		6.48	0
190Z 20CTFLA 002840000292 F		6.48	0
190Z 20CTFLA 002840000292		6.48	0
200Z OTBCAFC 078113871020 F		2.98	0
200Z OTBCAFC 078113871020 F		2.98	0
200Z OTBCAFC 078113871020 F		2.98	0
600EA WM600C 007874208827		3.48	0
37.80Z GVFRU 007874207204 F		5.28	0
37.80Z GVFRU 007874207204 F		5.28	0
31.6JZ SEASO 002430004396 F		3.25	0
280Z DBGPYC 002430004331 F		3.26	0
130Z GV 007874214755 F		1.15	0
130Z GV 007874214755 F		1.15	0
32L 002840000308 F		9.98	0
0000308 F		9.98	0
PAIN FHLE F 01009402865Z		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 CU 0078747 03 F		6.00	0
12CT ASRT C. 60787		6.00	0
9.40Z CARHAP 0071720		2.24	0
9.40Z CARHAP 007172000		2.24	0
9.40Z CARHAP 007172000788 F		2.24	0
10EA GV100C 007874207181		1.96	0
PAINT 12POTS 076594016846		2.97	0
PAINT 12PK F 076594029024		2.97	0
PAINT 12POTS 07659 16846		2.97	0
PAINT 12POTS 07659. 6846		2.97	0
PAINT 12POTS 076594016846		2.97	0
PAINT PK F 076594029024		2.97	0
SUBTOTAL		384.55	
TOTAL		384.55	
DBT		384.55	

ACCOUNT # **** **** **49 05 S
APPROVAL # 004982
REF # 4155 J91887
TERMINAL # 6806557

06/04/14   12:48:32

CHANGE DUE   0.00

 # ITEMS SOLD 90

TC# 9085 2328 8361 3782 8687 4

Our Guaranteed Low Prices
Are Unbeatable with Ad Match:
06/04/14   12:48:32

CUSTOMER COPY

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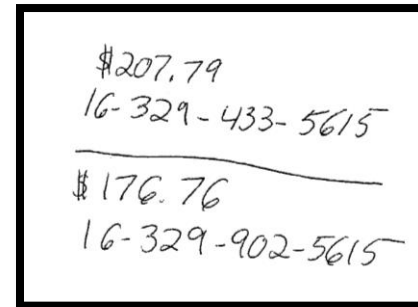
$176.76
16-329-902-5615

6/12

Unacceptable Receipt

This is an unacceptable 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

- Online Reporting Site
  https://firstpic.force.com/ncai

- Google Chrome is the **<u>strongly</u>** recommended browser

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

- User Name = Your email address

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

- Please reach out to a FirstPic staff member if you are unable to access the online reporting site.

How to Develop a Reimbursement Request

Reimbursement Requests

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

- If you are unsure about something being on your approved budget, contact FirstPic, Inc. **<u>before</u>** making the purchase in order to verify.

Creating a Reimbursement Request

There are two ways that you may create a new reimbursement request in the online reporting site (ORS). The following slides will walk you through both ways to start a new request.

Dashboard   About   Applications   Sub-Grants   Reimbursements   Program ▾   Help   Logout

HELLO TRAIL FINANCE 2.

Creating a request from the Reimbursements tab.

What's New/System Updates

- Clicking Update Budget from within the Sub-Grant detail page will trigger a warning message that no further reimbursement requests can be submitted until the budget has been reviewed and approved. If the user chooses to continue the budget will move to "Incomplete" status.
- The default sort order for all Reimbursement List pages will now be Request Date (was previously request ID).

From the Dashboard, click the "Reimbursements" tab to create a new reimbursement request or access current reimbursement requests.

Incomplete Sub-Grants

Sub-Grant Name	Status	Last Modified
Example Land TRAIL	Incomplete	7/1/2018 10:11 AM

Incomplete Applications

Application Id	Status	Submitted Date
APP-00296	In Progress	
APP-00304	Sent to Applicant	
APP-00305	Sent to Applicant	
APP-00307	Sent to Applicant	
APP-00313	Sent to Applicant	

Incomplete Progress Reports

Report Name	Site	Status	Submitted Date
ES1 Q1 Progress Report	Example Site 1	Not Started	

Incomplete PA Logs

No Incomplete PA Logs Found

REIMBURSEMENT REQUESTS

Request Id: [   ]   Grant: [View All ▾]

Status: [All In Progress ▾]   Sort By: [Request Date ▾]   **Update**

All In Progress

Export Results

Request Id	Sub-Grant Name	Start Date	End Date
R-5379	Example Land TRAIL	6/1/2018	6/30/2018

‹   »

Create Reimbursement

1 Select the grant number for the appropriate grant year.
The online reporting site will automatically default to the most current grant year.

2 Click "Create Reimbursement" to begin a new reimbursement request.

It is very important that the correct grant award be selected. Otherwise you will be linked to an incorrect budget, and although line items may be similar, the request will need to be redone under the correct award.

HELLO TRAIL FINANCE 2.

Creating a request from the Sub-Grants tab.

From the Dashboard, click the 'Sub-Grants' tab.

What's New/System Updates

- Clicking Update Budget from within the Sub-Grant detail page will trigger a warning message that no further reimbursement requests can be submitted until the budget has been reviewed and approved. If the user chooses to continue the budget will move to "Incomplete" status.
- The default sort order for all Reimbursement List pages will now be Request Date (was previously request ID).

Incomplete Sub-Grants

Sub-Grant Name	Status	Last Modified
Example Land TRAIL	Incomplete	7/1/2018 10:11 AM

Incomplete Reimbursements

Request Id	Sub-Grant Name	Request Date	Status
R-5379	Example Land TRAIL		Incomplete

Incomplete Applications

Application Id	Status	Submitted Date
APP-00296	In Progress	
APP-00304	Sent to Applicant	
APP-00305	Sent to Applicant	
APP-00307	Sent to Applicant	
APP-00313	Sent to Applicant	

Incomplete Progress Reports

Report Name	Site	Status	Submitted Date
ES1 Q1 Progress Report	Example Site 1	Not Started	

Incomplete PA Logs

No Incomplete PA Logs Found

TRAIL
TRAIL BGC Example Land

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
Example Grant	$50,000.00	$0.00	$0.00	$0.00	$50,000.00	Incomplete
Example Land TRAIL	$100,000,000.00	$0.00	$0.00	$0.00	$0.00	Pending Approval
NCAI-00-0001-XX	$18,000.00	$18,000.00	$130.00	$0.00	$18,000.00	Approved
NCAI-00-0002-XX	$18,000.00	$18,000.00	$3,640.22	$0.00	$18,000.00	Approved
NCAI-00-0003-XX	$18,000.00	$18,000.00	$4,450.33	$0.00	$18,000.00	Approved

1 - 5 of 5   « ‹ › »
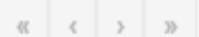
Select the appropriate sub-grant.

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

[View Closed Grants]

TRAIL
TRAIL BGC Example Land

≡

Total Expense Budget: $ 5,545.71

Attachments

Name	Notes	Edit	View Attachment(s)
SUTA	test	✎	Unemployment.pdf
Verification Letter		✎	TRAIL_Verification_Letter_Template.pdf
Worker's Comp		✎	Worker's Comp.pdf

Download Verification Letter Template

[Upload Attachment]

General Notes from National

Reviewer Notes:
No Notes from National

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

[View Reimbursements]   [Update Budget]

Total Budgeted Amount: $ 18,000.00

[**Create Reimbursement**]

There may be in-kind donations, as well as other leveraged funding used in order to implement the T.R.A.I.L. program.

NCAI-00-0001-XX

BALANCE: $34,806.80

Reimbursement Details

Reimbursement Date Range: From: 1/1/2018   To: 1/31/2018

How many pay periods are in the request period? 2

Cancel   Save   Save and Exit   Next

1 Enter the date range for your request. (Based on pay period start and end dates included in the request.)
Enter the number of pay periods that the request will cover.

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

If at anytime you need to step away and continue later, just click on "Save and Exit"

Personnel

Personnel hours for each pay period in the request will be entered separately.

NCAI-00-0001-XX

Total Awarded: $34,806.80

Request Id: R-5424   Organization: BGC Example Land

1 Enter the total number of hours each employee worked/was paid during this pay period and the number of those hours that were worked on the program.

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate	% Time
Accountant	80	8	Salary ▾	1345.60	
CPO	80	7	Salary ▾	1923.2	
Program Assistant	0.00	0.00	Hourly ▾		
Program Coordinator	77	12	Hourly ▾	20	

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

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

Attachments

No Attachments Found

2 Ensure this designation is right; correct as necessary.

This will default to what is in your approved budget, but may be changed here as needed.

Upload Attachment

Previous   Update A...

Total Requested Personnel: $0.00
Personnel Balance: $0.00
Personnel Budgeted Amount: $0.00

Total Requested Amount: $0.00

NCAI-00-0001-XX

Total Awarded: $34,806.80
Balance: $34,806.80

Request Id: R-5424   Organization: BGC Example Land   Date Range: 01/01/2018 - 01/31/2018   Pay Periods: 2   Status: Incomplete

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate	% Time on Grant this Pay Period	Total Pay Requested	Notes
Accountant	80.00	8.00	Salary ▾	1,345.60	10.00%	$134.56	+
CPO	80.00	7.00	Salary ▾	1,923.20	8.75%	$168.28	+
Program Assistant	0.00	0.00	Hourly ▾		0.00%	$0.00	+
Program Coordinator	77.00	12.00	Hourly ▾	20.00	15.58%	$240.00	+

Attachments

No Attachments Found

[Upload Attachment]

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

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

Total Requested Personnel: $542.84
Personnel Balance: $0.00
Personnel Budgeted Amount: $0.00

Total Requested Amount: $542.84

NCAI-00-0001-XX

Total Awarded: $34,806.80
Balance: $34,806.80

Request Id: R-5424   Organization: BGC Example Land   Date Range: 01/01/2018 - 01/31/2018   Pay Periods: 2   Status: Incomplete

Please remember that the maximum percentage of time that can be claimed for personnel providing administrative support is 10%.

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate	% Time on Grant this Pay Period	Total Pay Requested	Notes
Accountant	80.00	8.00	Salary ▾	1,345.60	10.00%	$134.56	+
CPO	80.00	7.00	Salary ▾	1,923.20	8.75%	$168.28	+
Program Assistant	0.00	0.00	Hourly ▾		0.00%	$0.00	+
Program Coordinator	77.00	12.00	Hourly ▾	20.00	15.58%	$240.00	+

Attachments

No Attachments Found

[Upload Attachment]

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

Previous

el: $542.84
nce: $0.00
ount: $0.00

Total Requested Amount: $542.84

Line item notes are not _required_ in this section, unless there is something specific that may need clarified (a staffing change, pro-rating a salary, etc.).

I-00-0001-XX

Total Awarded: $34,806.80
Balance: $34,806.80

est Id: R-5424   **Organization:** BGC Example Land   **Date Range:** 01/01/2018 - 01/31/2018   **Pay Periods:** 2   **Status:** Incomplete

sonnel Pay Period: 1

e	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate	% Time on Grant this Pay Period	Total Pay Requested	Notes
ountant	80.00	8.00			10.00%	$134.56	+
O	80.00	7.00			8.75%	$168.28	+
gram Assistant	0.00	0.00			0.00%	$0.00	+
gram Coordinator	77.00	12.00			15.58%	$240.00	+

Enter your notes in the box.
Click Save.

Notes for Program Coordinator

Reviewer Notes:
No Notes from National

Close   **Save**

achments

Attachments Found

pload Attachment

vious   Update Amounts   Save   Save and Exit   **Next**

Total Requested Personnel: $542.84
Personnel Balance: $0.00
Personnel Budgeted Amount: $0.00

Total Requested Amount: $542.84

TRAIL
BGC Example Land

Dashboard   About   Applications   Sub-Grants   Reimbursements   Program ▾   Help   Logout

NCAI-00-0001-XX

Total Awarded: $34,806.80
Balance: $34,806.80

Request Id: R-5424   Organization: BGC Example Land   Date Range: 01/01/2018 - 01/31/2018   Pay Periods: 2   Status: Incomplete

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

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate	% Time on Grant this Pay Period	Total Pay Requested	Notes
Accountant	80.00	8.00	Salary ▾	1,345.60	10.00%	$134.56	+
CPO	80.00	7.00	Salary ▾	1,923.20	8.75%	$168.28	+
Program Assistant	0.00						
Program Coordinator	77.00						

To attach the required supporting documentation, click the "Upload Attachment" button.
You must upload a 'Timesheet' and 'Payroll' document for each pay period before moving on to the next pay period.
Please Note: You may scan and upload all employee timesheets for the pay period in one "Timesheet" document and all employee payroll documents for the pay period in one "Payroll" document **(recommended)**. You do not need to upload separate documents for each staff member.

Attachments

No Attachments Found

Upload Attachment

Previo...

$305.96
e: $0.00
nt: $0.00
$305.96

If scanning and uploading all timesheets together and all payroll documents together, documents need to be in the same order as staff appear on the reimbursement request in order to help expedite processing by the reviewers.

NCAI-00-0001-XX

Total Awarded: $34,806.80
Balance: $34,806.80

Request Id: R-5424   **Organization:** BGC Example Land   **Date Range:** 01/01/2018 - 01/31/2018   **Pay Periods:** 2   **Status:** Incomplete

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate	% Time on Grant this Pay Period	Total Pay Requested	Notes
Accountant	80.00	8.00	Salary ▾	1,345.60		$134.56	+
CPO	80.00	7.00				$168.28	+
Program Assistant	0.00	0.00				$0.00	+
Program Coordinator	77.00	12.00				$3.12	◼

Add New Document

Payroll ▾

Notes:

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

② Click "Upload New Attachment"

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

Attachments

No Attachments Found

Upload

Close   Save and Close   **Upload New Attachment**

Previous   Update Amounts   Save   Save and Exit   Next

Total Requested Personnel: $305.96
Personnel Balance: $0.00
Personnel Budgeted Amount: $0.00

Total Requested Amount: $305.96

NCAI-0

Request

1 **You may leave this blank** (if nothing is entered, the file name will default to its already saved name); however, if you choose to name the file for the upload, type in the new name here.
If you enter a name, **please** end the name with ".pdf" as some systems have challenges opening the file when renamed without this format label.

2 Click "Choose File" to select the file to upload.
The file must be a pdf.

Add New Document

File Name: [   ]

Choose File   No file chose

File size is limited to 6mb. Please upload PDF's ONLY.

Upload

3 Once you have selected the file, make sure you click "Upload."

4 When you are done, click "Close."

Title			Pay Requested	Notes
Acco			$134.56	+
CPO	00.00	7.00	$168.28	+
Program Assistant	0.00	0.00	$0.00	+
Program Coordinator	77.00	12.00	15.58%	$3.12

Attachments

No Attachments Found

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

Upload Attachment

Close

Previous   Update Amounts   Save   Save and Exit   Next

Total Requested Personnel: $305.96
Personnel Balance: $0.00
Personnel Budgeted Amount: $0.00
Requested Amount: $305.96

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

NCAI-00-0001-XX

Total Awarded: $18,000.00
Total Budgeted: $
Balance: $18,000.00

Request Id: R-5602 | **Organization:** TRAIL BGC Example Land | **Date Range:** 02/01/2020 - 02/29/2020 | **Pay Periods:** 2 | **Status:** Incomplete

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate ❓	
	0.00		Salary ▼		

To delete an attachment, click the circled "x" to the left of the Name.

To edit an upload click the pencil icon in the Edit column.

Notice that multiple attachments have been uploaded in the same chain for payroll documentation. This happens when you don't close out of the *Add New Document* screen in between document uploads.

Attachments

	Name	Notes	Edit	View Attachment(s)
⊗	Payroll		✏️	Test upload.pdf Test upload.pdf
⊗	Timesheet		✏️	Test upload.pdf

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

[Upload Attachment]

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

Total Requested Personnel: $0.00
Personnel Balance: $11,029.57

NCAI-00-0001-XX

Total Awarded: $18,000.00
Total Budgeted: $
Balance: $18,000.00

Request Id: R-5602 **Organization:** TRAIL BGC Example Land **Date Range:** 02/01/2020 - 02/29/2020 **Pay Periods:** 2 **Status:** Incomplete

Personnel Pay Period: 1

Title	Hours		
Accountant	0.00		
CPO	0.00		
Program Assistant	0.00		
Program Coor	0.00		

When trying to delete attachments, this question will appear.

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

Delete Payroll

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

Cancel   Delete

You are not given the option to select an individual attachment, since all documents were uploaded in the same chain.

Attach

Name	Notes	Edit	View Attachment(s)
⊗ Payroll		✏	Test upload.pdf Test upload.pdf
⊗ Timesheet		✏	Test upload.pdf

Upload Attachment

NCAI-00-0001-XX

Total Awarded: $18,000.00
Total Budgeted: $
Balance: $18,000.00

Request Id: R-5602	Organization: TRAIL BGC Example Land	Date Range: 02/01/2020 - 02/29/2020	Pay Periods: 2	Status: Incomplete

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary Rate ❓	% Time on Grant this Pay Period	Total Pay Requested
Accountant	0.00	0.00	Salary ▾		
CPO	0.00	0.00	Salary ▾		
Program Assistant	0.00	0.00	Hourly ▾	9.25	
Program Coordinator	0.00			.00	

Notice that all payroll documents in the same chain of attachments have now been deleted.

Attachments

Name	Notes	Edit	View Attachment(s)
⊗ Timesheet		✏	Test upload.pdf

[Upload Attachment]

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

Total Requested Personnel: $0.00
Personnel Balance: $11,029.57
Personnel Budgeted Amount: $12,454.29

NCAI-00-0001-XX

Total Awarded: $18,000.00
Total Budgeted: $
Balance: $18,000.00

Request Id: R-5602	**Organization:** TRAIL BGC Example Land	**Date Range:** 02/01/2020 - 02/29/2020	**Pay Periods:** 2	**Status:** Incomplete

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary Rate ❓	% Time on Grant this Pay Period	Total Pay Requested
Accountant	0.00	0.00	Salary ▾		
CPO	0.00	0.00	Salary ▾		
Program Assistant	0.00	0.00	Hourly ▾ 9.25		

This is how the screen will appear if supporting documentation is uploaded individually (closing the *Add New Document* box after each upload).

Attachments

Name	Notes	Edit	View Attachment(s)
⊗ Payroll		✏	Test upload.pdf
⊗ Payroll		✏	Test upload.pdf
⊗ Timesheet		✏	Test upload.pdf

Upload Attachm

You now have the option to select which supporting document you would like to delete.

NCAI-00-0001-XX

Total Awarded: $34,806.80
Balance: $34,806.80

| Request Id: | R-5424 | Organization: | BGC Example Land | Date Range: | 01/01/2018 - 01/31/2018 | Pay Periods: | 2 | Status: | Incomplete |

Personnel Pay Period: 2

You will repeat the previous steps for each pay period within the request.

Title	Hours this Pay Period				% Time on Grant this Pay Period	Total Pay Requested	Notes
Accountant	0.00	0.00	Salary ▾		0.00%	$0.00	+
CPO	0.00	0.00	Salary ▾		0.00%	$0.00	+
Program Assistant	0.00	0.00	Hourly ▾		0.00%	$0.00	+
Program Coordinator	0.00	0.00	Hourly ▾		0.00%	$0.00	+

Attachments

Name	Notes	Edit	View Attachment(s)
⊗ Payroll		✎	doc20170821091936.pdf
⊗ Timesheet		✎	doc20170821092215.pdf

Upload Attachment

Previous   Update Amounts   Save   Save and Exit   Next

Total Requested Personnel: $305.96
Personnel Balance: $0.00
Personnel Budgeted Amount: $0.00

Total Requested Amount: $305.96

Personnel

- Only split pay periods at the beginning and end of the grant cycle, and at the end of the calendar year.

- The corresponding position titles from your approved budget **must** 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 the payroll information (pay stub or payroll ledger) for each pay period covered in the reimbursement request. Payroll information must be uploaded specific to the pay period for which time is being requested.

- Pay period **start** *and* **end** dates need to be clearly identified on the payroll supporting documentation submitted.

Personnel

- Time cards or activity reports are needed for all employees. Time worked on T.R.A.I.L. needs to be **clearly identified** and correspond with hours being entered on the request. (Note: T.R.A.I.L. funds cannot be used to pay overtime.)

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

- Time cards/activity reports must be uploaded specific to the pay period for which time is being requested.

- Time cards/activity reports **must** be signed by both the employee and supervisor.

- Leave time (sick, vacation, holiday, etc.) for hourly employees who do not work 100% on the T.R.A.I.L. program may not be reimbursed from T.R.A.I.L. funds.

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

Personnel

- Personnel costs will be entered separately for each pay period.

- Reimbursement requests for **<u>salaried</u>** employees will be entered as:
    1. Total number of hours worked/paid for during the pay period
    2. Total number of hours worked on T.R.A.I.L. during the pay period
    3. Ensure hourly/salary designation is correct, change if necessary
    4. Total **regular gross** salary for the pay period
    5. Enter notes if applicable

- Reimbursement requests for **<u>hourly</u>** employees will be entered as:
    1. Total number of hours worked/ paid for during the pay period
    2. Total number of hours worked on T.R.A.I.L. during the pay period
    3. Ensure hourly/salary designation is correct, change if necessary
    4. The employee's hourly wage
    5. Enter notes if applicable

Personnel

- Entries for multiple pay periods within a request need to be entered in chronological order.
  (e.g., 9/1 – 9/15 Pay Period 1; 9/16 – 9/29 Pay Period 2; 9/30 – 10/13 Pay Period 3, etc.)

- If the percentage of time (salaried) or number of hours worked (hourly) differs **<u>greatly</u>** from what is listed on the approved budget, an explanation needs to be entered into the notes.

- If a staffing change occurs, an explanation needs to be entered into the notes regarding the staffing change.

- If you scan all payroll documentation and timesheet documentation as single files, please ensure the documents are scanned in the same order that staff are listed on the request. This helps reviewers process your request faster and more efficiently.

Fringe Benefits

NCAI-00-0001-XX

Total Awarded: $34,806.80
Balance: $34,806.80

Request Id: R-5424   Organization: BGC Example Land   Date Range: 01/01/2018 - 01/31/2018   Pay Periods: 2   Status: Incomplete

Fringe Benefits

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

Title	Medical		Life	Other	Notes
Accountant					+
	FICA			Total Benefits Requested	
	%			$0.00	

Hours Towards Grant	Percent Towards Grant	Salary Requested
8.00	5.000%	$134.56

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

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

Salary Requested
$168.28

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes
Program Assistant								+
	FICA	SUTA	Workers Comp	Retirement	Other		Total Benefits Requested	
	%						$0.00	

Hours Towards Grant	Percent Towards Grant	Salary Requested
0.00	0.000%	$0.00

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes
Program Coordinator								+
	FICA	SUTA	Workers Comp	Retirement	Other		Total Benefits Requested	
	%						$0.00	

Hours Towards Grant	Percent Towards Grant	Salary Requested

CPO

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

7.00   4.375% $166.26

Title	Medical ⦵	Dental	Vision	Short Term	Long Term	Life	Other	Notes
Program Assistant								+

FICA [   ]%

Total Benefits Requested
$0.00

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

	Hours Towards Grant	Percent Towards Grant	Salary Requested
	0.00	0.000%	$0.00

Title	Medical ⦵	Dental	Vision	Short Term	Long Term	Life	Other	Notes
Program Coordinator								+

FICA	SUTA	Workers Comp	Retirement	Other	
[ ]%					Total Benefits Requested $0.00

	Hours Towards Grant	Percent Towards Grant	Salary Requested
	12.00	7.792%	$3.12

Update Amounts

In the second line, enter percentage-based fringe.
Please make sure the percentages being requested for WC, SUTA, etc. match the supporting documentation that is attached to the approved budget.
No supporting documentation is needed for FICA.

Attachments

No Attachments Found

Upload Attachment

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

Requested Personnel exceeds Balance by more than 10%.

Previous   Save   Save and Exit   Next

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

Total Requested Benefits: $0.00
Benefits Balance: $0.00
Benefits Budgeted Amount: $0.00
Total Requested Amount: $305.96

Fringe Benefits

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

- If premium rates are adjusted (e.g., subtracting employee contributions, adjusting 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 applicable fringe rate percentage (e.g., 7.65% FICA)
        - ✓ 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.

- If the period of time covered on the documentation verifying your WC, SUTA, etc. rates attached to your approved budget expires before the dates of the request, new documentation will also need to be uploaded to your budget verifying the correct rate for this time period.

- Supporting documentation for rates such as WC, SUTA, etc. must also be uploaded directly to the reimbursement request.

*Only reimbursable if it is in your approved budget.
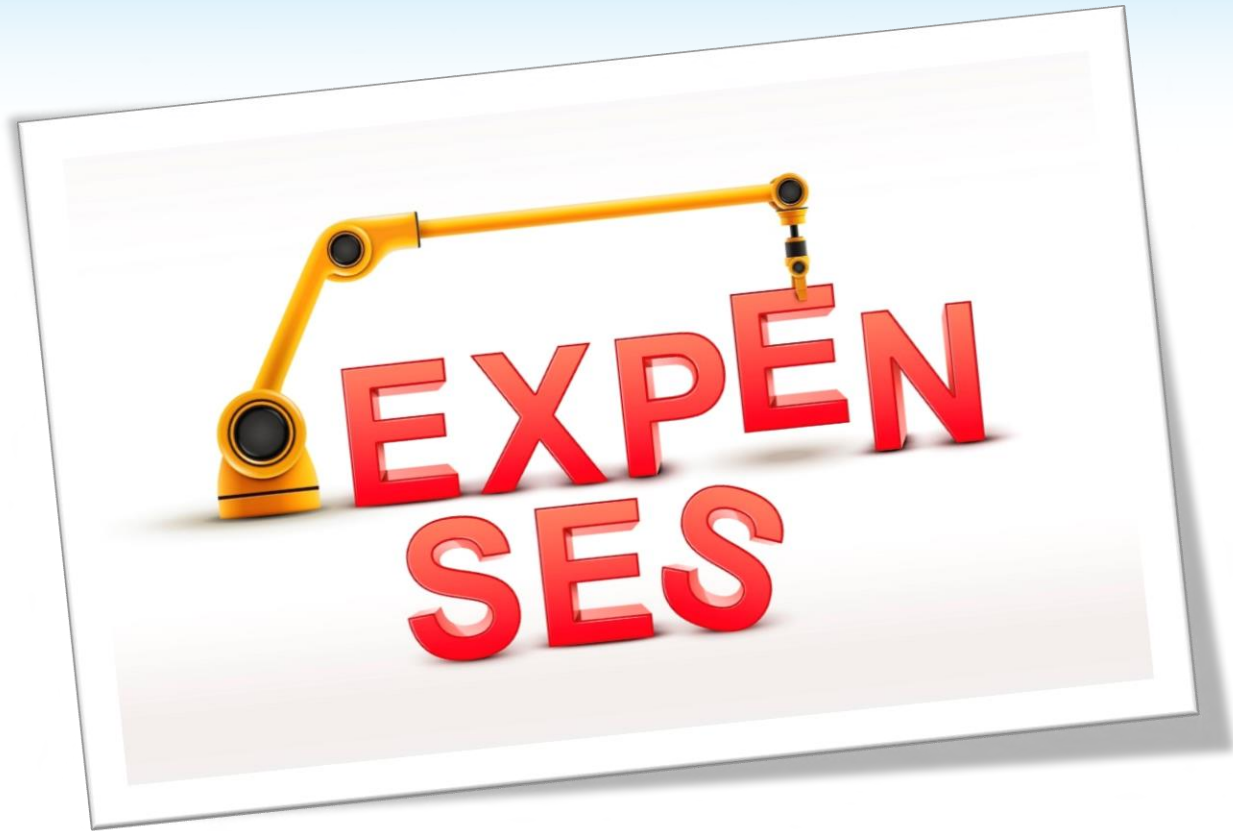
NCAI-00-0001-XX

Total Awarded: $34,806.80
Balance: $34,806.80

Request Id: R-5424   Organization: BGC Example Land   Date Range: 01/01/2018 - 01/31/2018   Pay Periods: 2   Status: Incomplete

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

Expenses

Other Costs

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Bowling - Admission Fee	0.00	1.00		+	⊕
Skating - Admission Fee	0.00	1.00		+	⊕
Swimming - Admission Fee	0.00	1.00		+	⊕

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

Balance
(not including pending requests)
$0.00

Total Budgeted
$0.00

Supplies

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Digital Camera	0.00	1.00		+	⊕
Healthy Foods	0.00	1.00		+	⊕
Office/Program Supplies	0.00	1.00		+	⊕
Physical Activity Supplies	0.00	1.00		+	⊕
Printer	0.00	1.00		+	⊕

Total Requested
(this reimbursement)
$0.00

Balance
(not including pending requests)
$0.00

Total Budgeted
$0.00

Travel

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Event Transportation	0.00	1.00		+	⊕
Mileage		1.00		+	⊕
National Training - Baggage Fees	0.00	1.00		+	⊕

Event Transportation

Mile

Nat

Nat

Total Budgeted
$0.00

Con

Item

Hea

Phy

(this reimbursement)
$0.00

(not including pending requests)
$0.00

Total Budgeted
$0.00

Enter the Rate ($) and Quantity (number of items) for the items you are requesting.

Please note: When purchasing a variety of items as with Snacks or Misc. Supplies, you may enter the total lump sum cost for "Rate" and "1" as "Quantity."
With expenses that do have a per item cost (e.g., t-shirts, admission costs, etc.), enter the per item cost as "Rate" and the actual number of items as "Quantity" whenever possible.

Equipment

Item
Laptop

Rate
750.64

Quantity
1.00

Amount Requested

Notes

Attachments

Total Requested
(this reimbursement)
$0.00

Balance
(not including pending requests)
$0.00

Total Budgeted
$0.00

Update Amounts

Notes are **<u>required</u>** indicating how the expense related to/supported/was used for the implementation of the *T.R.A.I.L.* program. Any special clarifications regarding the expense should also be included here.

Attachments

No Attachments Found

Upload Attachment

Previous   Save   Save and Exit   Review and Submit

$305.96

Total Expense Requested: $0.00

Total Requested Amount: $305.96

Event Transportation	0.00	1.00	+	⬆
Mileage		1.00	+	⬆
National Training - Baggage Fees	0.00	1.00	+	⬆
National Training - Parking	0.00	1.00	+	⬆

| | Total Requested (this reimbursement) $0.00 | Balance (not including pending requests) $0.00 | Total Budgeted $0.00 |

Contract Specialist

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Healthy Cooking Demonstration	0.00	1.00		+	⬆
Physical Fitness/Sports Instruction	0.00	1.00		+	⬆

| | Total Requested (this reimbursement) $0.00 | Balance (not including pending requests) $0.00 | Total Budgeted $0.00 |

Equipment

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Laptop	750.64	1.00		💬	⬆

| | Total Requested (this reimbursement) $0.00 | Balance (not including pending requests) $0.00 | Total Budgeted $0.00 |

Update Amounts

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

No Attachments Found

Upload Attachment

Previous   Save   Save and Exit   Review and Submit

Total Personnel Requested: $305.96
Total Fringe Requested: $0.00
Total Expense Requested: $0.00
Total Requested Amount: $305.96

1 **You may leave this blank** (if nothing is entered, the file name will default to its already saved name); however, if you choose to name the file for the upload, type in the new name here.
If you enter a name, **please** end the name with ".pdf" as some systems have challenges opening the file when renamed without this format label.

Contract...

Item
Healthy Cooking Demonstration

P...ness/Sports Instruction

2 Click "Choose File" to select the file to upload. **The file must be a pdf.**

Upload New Attachment

File Name: [   ]

Choose File   No file chosen
...s...e is limited to 5mb. Please upload PDF's ONLY.

Upload

3 Once you have selected the file, make sure you click "Upload."

Total Budgeted
$0.00

Equip...

Item
Laptop

...chments

4 When you are done, click "Close."   Close

Balance
(not including pending requests)
$0.00

Total Budgeted
$0.00

Update Amounts

Attachments

No Attachments Found

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

Upload Attachment

Previous   Save   Save and Exit   Review and Submit

Total Personnel Requested: $305.96
Total Fringe Requested: $0.00
Total Expense Requested: $0.00
Total Requested Amount: $305.96

	Rate	Quantity	Amount Requested	Notes	Attachments
Event Transportation	0.00	1.00		+	⬆
Mileage		1.00		+	⬆
National Training - Baggage Fees	0.00	1.00		+	⬆
National Training - Parking	0.00	1.00		+	⬆

Total Requested	Balance	Total Budgeted
(this reimbursement)	(not including pending requests)	
$0.00	$0.00	$0.00

Contract Specialist

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Healthy Cooking Demonstration	0.00	1.00		+	⬆
Physical Fitness/Sports Instruction	0.00	1.00		+	⬆

Total Requested	Balance	Total Budgeted
(this reimbursement)	(not including pending requests)	
$0.00	$0.00	$0.00

Equipment

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Laptop	750.64	1.00		💬	⬆ ✕ doc20170821091936.pdf 8/31/2018 1:04 PM

Total Requested	Balance	Total Budgeted
(this reimbursement)	(not including pending requests)	
$0.00	$0.00	$0.00

Update Amounts

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

Attachments

No Attachments Found

Upload Attachment

Previous   **Save**   **Save and Exit**   **Review and Submit**

Total Personnel Requested: $305.96
Total Fringe Requested: $0.00
Total Expense Requested: $0.00
Total Requested Amount: $305.96

Event Transportation	0.00	1.00		+	⊕
Mileage		1.00		+	⊕
National Training - Baggage Fees	0.00	1.00		+	⊕
National Training - Parking	0.00	1.00		+	⊕

| | Total Requested (this reimbursement) $0.00 | Balance (not including pending requests) $0.00 | Total Budgeted $0.00 |

Contract Specialist

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Healthy Cooking Demonstration	0.00	1.00		+	⊕
Physical Fitness/Sports Instruction	0.00	1.00		+	⊕

| | Total Requested (this reimbursement) $0.00 | Balance (not including pending requests) $0.00 | Total Budgeted $0.00 |

Equipment

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Laptop	750.64	1.00		💬	⊕

| | Total Requested (this reimbursement) $0.00 | Balance (not including pending requests) $0.00 | Total Budgeted $0.00 |

[Update Amounts]

Attachments

No Attachments Found

[Upload Attachment]

[Previous] [Save] [Save and Exit] [**Review and Submit**]

You can check your request totals here.

When you have finished, click "Review and Submit."

Total Personnel Requested: $305.96
Total Fringe Requested: $0.00
Total Expense Requested: $0.00
Total Requested Amount: $305.96

Once you click "Review and Submit," you will see a review screen for your total request.
Please review to ensure all items are entered correctly, notes are included where required, and all supporting documentation is uploaded correctly.
If everything is correct, hit "Submit." Otherwise scroll down to the bottom of the page and click "Edit."

Total Awarded: $18,000.00
Balance: $18,000.00

Pay Periods: Status:
2   Incomplete

Submit

Personnel

Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate	% Time on Grant this Pay Period	Total Pay Requested	Total Pay Approved	Notes
Accountant	88.00	2.50	Salary	$1,083.33	2.8%	$30.78		+
CPO	88.00	1.75	Salary	$1,408.33	2.0%	$28.01		+
Program Assistant	0.00	0.00	Hourly	$9.25	0.0%	$0.00		+
Program Coordinator	40.00	20.00	Hourly	$13.00	50.0%	$260.00		💬

Pay Period: 2

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate	% Time on Grant this Pay Period	Total Pay Requested	Total Pay Approved	Notes
Accountant	88.00	2.75	Salary	$1,083.33	3.1%	$33.85		+
CPO	88.00	1.75	Salary	$1,408.33	2.0%	$28.01		+
Program Assistant	0.00	0.00	Hourly	$9.25	0.0%	$0.00		+

NCAI-00-0001-XX

Total Awarded: $34,806.80
Total Budgeted: $0.00
Balance: $0.00

| Request Id: | R-5424 | Organization: | BGC Example Land | Date Range: | 01/01/2018 - 01/31/2018 | Pay Periods: | 2 | Status: | Pending First Approval |

Personnel Pay Period: 1

Title	Hours this Pay Period			this Pay Period	Total Pay Requested	Notes
Accountant	80.00			%	$134.56	+
CPO	80.00			%	$168.28	+
Program Assistant	0.00			%	$0.00	+
Program Coordinator	77.00	12.00	Salary $20.00	15.58%	$3.12	💬

Once you hit submit, the Status will change to "Pending First Approval."

Attachments

Name	Notes	View Attachment(s)

Personnel Pay Period: 2

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate ❓	% Time on Grant this Pay Period	Total Pay Requested	Notes
Accountant	0.00	0.00	Salary		0.00%	$0.00	+
CPO	0.00	0.00	Salary		0.00%	$0.00	+
Program Assistant	0.00	0.00	Hourly		0.00%	$0.00	+
Program Coordinator	0.00	0.00	Hourly		0.00%	$0.00	+

Attachments

Name	Notes	View Attachment(s)

Total Personnel Requested: $305.96 ❓
Submitted Personnel Balance: $-2,603.45 ❓
Personnel Balance: $0.00 ❓
Personnel Budgeted: $0.00 ❓

Fringe Benefits

REIMBURSEMENT REQUESTS

Request Id: [_____]   Grant: [View All ▾]

Status: [All In Progress ▾]   Sort By: [Request Date ▾]   **Update**

All In Progress		Export Results

Request Id	Sub-Grant Name		Status
R-5379	Example Land TRAIL		Incomplete
R-5424	NCAI-00-0001-XX		Pending Approval

1 - 2 of 2   « ‹ › »

Create Reimbursement

> The request will now be listed as "Pending Approval" on the Reimbursements page.
> If it is sent back for revisions, it will be listed as "Revisions Needed."
> Once it is approved, it will be listed as "Approved."

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

NCAI-00-0001-XX

Total Awarded: $34,806.80
Total Budgeted: $0.00
Balance: $0.00

| Request Id: R-5424 | Organization: BGC Example Land | Date Range: 01/01/2018 - 01/31/2018 | Pay Periods: 2 | Status: Pending First Approval |

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary	Rate ?	% Time on Grant this Pay Period	Total Pay Requested	Notes
Accountant	80.00	8.00	Salary	$1,345.60	10.00%	$134.56	+
CPO	80.00	7.00	Salary	$1,923.20	8.75%	$168.28	+
Program Assistant	0.00	0.00	Salary		0.00%	$0.00	+
Program Coordinator	77.00	12.00	Salary	$20.00	15.58%	$3.12	💬

Attachments

Name	Notes

Personnel Pay Period: 2

Title	Hours this Pay Period		ay Period	Total Pay Requested	Notes
Accountant	0.00			$0.00	+
CPO	0.00			$0.00	+
Program Assistant	0.00			$0.00	+
Program Coordinator	0.00			$0.00	+

After clicking "Request ID" on the reimbursement request page, the reimbursement request will open. The current level of approval for your reimbursement request is reflected where the page says "Status."

Attachments

Name	Notes	View Attachment(s)

Total Personnel Requested: $305.96 ?
Submitted Personnel Balance: $-2,603.45 ?
Personnel Balance: $0.00 ?
Personnel Budgeted: $0.00 ?

Fringe Benefits

Equipment

Equipment

- All equipment* should be purchased **as soon as budget approval is received**.

- Purchasing equipment late in the program year could result in it needing to be extremely pro-rated, or possibly **not reimbursable at all**.

- Service contract and/or warranties on equipment are **<u>not</u>** allowable expenses.

- The purpose of purchasing equipment with grant funds is for use with the T.R.A.I.L. program.

*Only reimbursable if it is in your approved budget.

Supplies
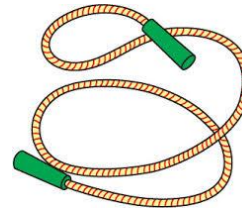
Supplies

- 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 **completely identifiable** on a receipt.

- All supporting documentation needs to be attached specifically to the line item for which expenses are being requested. (i.e., Healthy Snacks documentation is uploaded to the 'Healthy Snacks' 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 T.R.A.I.L. program.

- Information needs to be provided in the line item notes regarding the purpose of the supplies as relates to the T.R.A.I.L. program. (e.g., The healthy snack items purchased at Sam's Club were healthy snacks for our T.R.A.I.L. participants during weekly sessions.)

Supplies

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

- Supplies may include*:
  - Healthy snacks and beverages *for T.R.A.I.L. participants*.
  - Physical Activity supplies, such as jump ropes, hula hoops, Frisbees, balls, etc.
  - Office supplies, such as poster board, copies of handouts and newsletters, markers, printer cartridges, etc.

- **Remember**: Single items costing $75 or more must have their own line item in the approved budget. (exception: printer cartridges)

*Only reimbursable if it is in your approved budget.

Travel

Travel

- **Personal Vehicle:** A mileage log is required that shows the actual mileage incurred, date, and the purpose of the travel.

- Clubs will be reimbursed in accordance with the current federal mileage rate ($.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.

- **Club Vehicle:** sites will be reimbursed for gas, not mileage. A travel log is required showing mileage, date, purpose of travel, type of vehicle (e.g., car, mini-van, 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.

Contracts/Consultants

Contracts/Consultants

- Include information in the notes regarding how the service related to/supported the T.R.A.I.L. initiative.

- A copy of the contract or invoice for payment, and proof of payment must be submitted.

- Contract or invoice needs to state:
  - ✓ Dates for services provided;
  - ✓ Number of hours (per/day, week, month) to perform these services;
  - ✓ Description of services; and
  - ✓ Rate for these services.
    (Fee cannot exceed $650 for an 8 hr. day or $81.25/hr.)

*Only reimbursable if it is in your approved budget.

Other Costs

Other Costs

- Information must be provided in the line item notes explaining, in detail, how the event supported the T.R.A.I.L. initiative and met program requirements.

*Only reimbursable if it is in your approved budget.

Quiz!

What type of expenses <u>require</u> a comment in the notes connecting the expense to the T.R.A.I.L. program/T.R.A.I.L. participants?

    a) Personnel and Fringe

    b) Equipment and Supplies

    c) Travel, Contract Specialists, Other Costs

    d) b and c

    e) All of the above

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

<u>**PERSONNEL**</u>
Allowed: Part-time staff person to serve as the T.R.A.I.L. 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 single policy rates)

<u>**EQUIPMENT**</u>
Allowed: Computers - cost should be reasonable (~$800 maximum)

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

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

SUPPLIES

Allowed: *healthy* snacks, office supplies, sporting/physical activity supplies, and supplies necessary to implement the T.R.A.I.L. Program and curriculum.

Refer to the Healthy Snack Guidance document in the T.R.A.I.L. Resource Center on NAClubs.org – password: healthylifestyles)

Not Allowed: tips, anything associated with fundraising, hats, caps, backpacks, giveaways, decorations, etc.

TRAVEL

Allowed: Any local travel associated with the T.R.A.I.L. Program and curriculum. Specific expenses for travel to required National Training.

Not Allowed: You may not be reimbursed for both mileage and gas.

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

<u>CONTRACTORS</u>

Allowed: Contractors can be paid a <u>maximum</u> of $650/8 hour day at a rate of $81.25/hour.

(However, costs should accurately reflect reasonable rate for the service in your area.)

<u>SPECIAL EVENTS/OTHER COSTS</u>

Allowed: Any reasonable event that highlights the T.R.A.I.L. program.   Bowling, skating, swimming, activities involving physical activity, activities that involve learning about good nutrition, etc.

Not Allowed : Bounce house rentals, expenses related to non-T.R.A.I.L. participants.

Contact Information - Finance

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Gambrills, MD - Eastern Time