



**Big Brothers Big Sisters
of America**

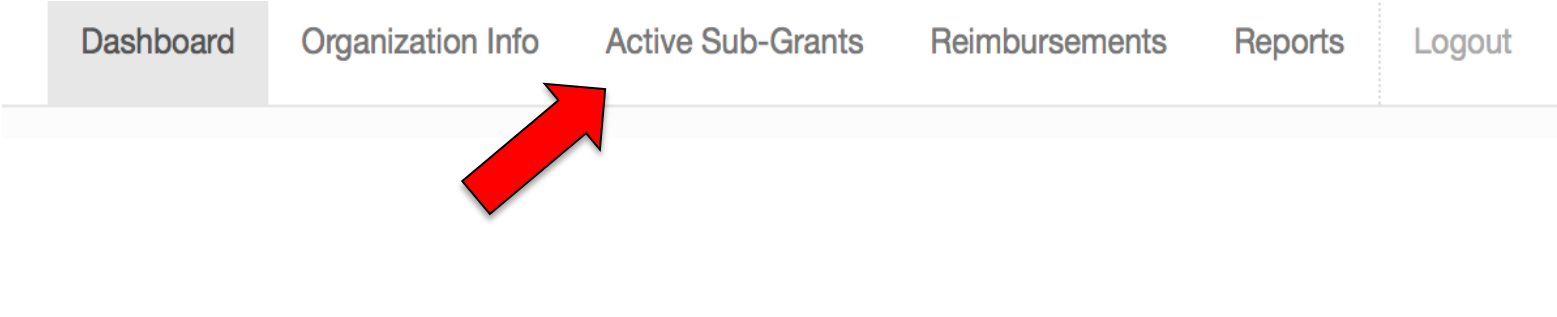
BBBSA Online Reporting Site

Budget Creation and Update Training
Webinar


11/1/2016

CREATE OR UPDATE YOUR BUDGET

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




Click on the appropriate “sub-grant name”



JJ6-0516-Greater Boston-MA	\$120,000	\$0.00	\$0.00	\$0.00	Request Reimbursement
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Click on Update Budget



Sub-Grant Date Range	Total Budgeted	Total Requested Amount	Total Approved Amount	Balance	Status
10/01/2016 - 09/30/2017	\$0.00	\$0.00	\$0.00	\$0.00	
<div><button>Update Budget</button><button>Create Report</button><button>Request Reimbursement</button></div>					

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

JJ6-0516-GREATER BOSTON-MA

TOTAL: \$ 120,000.00

Projected # of children served during the Grant performance period:

1

Sub-Grant Date Range: 10/01/2016 - 09/30/2017

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

2

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:

3

Add Personnel Items



Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	% Time on Grant		Projected Total	
Name	FICA (7.65%)		Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits
<div>Add</div>									

Personnel Notes

Update Amounts

Next

Total Requested Amount: \$ 0.00

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

JJ6-0516-GREATER BOSTON-MA

TOTAL: \$ 120,000.00

Projected # of children served during the Grant performance period:

Sub-Grant Date Range: 10/01/2016 - 09/30/2017

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



4

Name	Title	Hourly ?	Rate ?	Total Hrs/Wk ?	Grant Hrs/Wk ?	% Time on Grant	Projected Total
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	\$

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

Add

Personnel Notes

Update Amounts

Next

Total Requested Amount: \$ 0.00

Click Update Amounts at any point to view calculations.



JJ6-0516-GREATER BOSTON-MA

TOTAL: \$ 120,000.00

Projected # of children served during the Grant performance period:

Sub-Grant Date Range: 10/01/2016 - 09/30/2017

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 ?	% Time on Grant	Projected Total
<input checked="" type="radio"/> Bill T. 4	<input type="text" value="Match Specialist"/>	<input checked="" type="checkbox"/>	<input type="text" value="15"/>	<input type="text" value="20"/>	<input type="text" value="5"/>	25%	\$ 3,900.00
<input checked="" type="radio"/> Sally M. 5	<input type="text" value="Program Coordinator"/>	<input type="checkbox"/>	<input type="text" value="30000"/>	<input type="text" value="40"/>	<input type="text" value="10"/>	25%	\$ 7,479.45

Name	FICA (7.65%)	Medical	Dental	S.T. Disability	L.T. Disability	Life	Other	Total Fringe Benefits
6 Bill T.	\$ 298.35	<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"/>	\$ 298.35
7 Sally M.	\$ 572.18	<input type="text" value="5000"/>	<input type="text" value="350"/>	<input type="text" value="125"/>	<input type="text" value="105"/>	<input type="text" value="150"/>	<input type="text" value="0"/>	\$ 2,000.76

Personnel Notes

Total Requested Amount: \$ 13,678.56

You can delete an employee by clicking on the purple "X"

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

Include any notes about personnel or benefits under Personnel Notes.

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

A box will pop up asking if you are using an indirect rate:

- If you are, select “yes” and then enter the indirect rate and click on “Save and Continue”
- If you are not, select “no” and click on “Save and Continue” (you do not need to change the “Indirect Rate Amount” field if you have selected “No”)

erved with grant funding during the Grant performance period:

Please note: If calculations seem off by small amounts, it is because totals are rounded on the number of days.

Equivalent staff at Affiliate:

10

Indirect Rate?

Use Indirect Rate ☒ --None--
Indirect Rate Amount %

Title

Match Spe

Program C

Indirect Rate?

Use Indirect Rate

Indirect Rate Amc

%

ICA (7.65%)

Medi

298.35

0

572.18

5000

% Time on Grant

25%

25%

Other

Total Fring

0

\$ 298.35

0

\$ 2,000.76

If using an indirect rate:

Sub-Grant Date Range: 10/01/2016 - 09/30/2017

Full Time Effort: 4%
% Children Served: 17%

Provide the name of the expense

Select the type of expense that it is

Item Name	Category	Monthly Rate ?	Total Expense ?	Amount Allocated to Grant	Notes
<input type="text"/>	Child Safety	<input type="text" value="0"/>	<input type="text" value="0"/>	\$	+

Add

Expense Notes

Click "Add" to add a line item

Provide the monthly cost for this expense

Provide the total cost for this expense (for JJ6 this will be the monthly cost x 12 months)

You can add notes about the line item by clicking on the purple "+"

Attachments

Upload Attachments

Modified Direct Cost

Total Requested for Personnel: \$ 13,678.56

Total Requested for Expenses: \$ 0.00

Total Indirect Cost: (\$ 13,678.56 + \$ 0.00) * 10% = \$ 1,367.86

Previous

Update Amounts

Submit

Clicking on "Update Amounts" will calculate out the total cost as well as the indirect rate

Total Requested Amount: \$ 15,046.42


Sub-Grant Date Range: 10/01/2016 - 09/30/2017

Full Time Effort: 4%
% Children Served: 17%

Update Expense Items

Delete Update

Add Expense Items

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

Expense Notes

Attachments

Modified Direct Cost

Total Requested for Personnel: \$ 13,678.56
Total Requested for Expenses: \$ 1,200.00
Total Indirect Cost: (\$ 13,678.56 + \$ 1,200.00) * 10% = \$ 1,487.86

When you update amounts, you will see the item applied to the budget and the indirect rate calculation

If you have made a note, you will see a purple conversation bubble under "Notes"

You can see how much you have budgeted under "Total Requested Amount"

Clicking on "Previous" will save your work and take you back to the previous page.

Total Requested Amount: \$ 16,366.42

If not using an indirect rate:

- If you are not, select “no” and click on “Save and Continue” (you do not need to change the “Indirect Rate Amount” field if you have selected “No”)

erved with grant funding during the Grant performance period:

Please note: If calculations seem off by small amounts, it is because total on the number of d

Equivalent staff at Affiliate: 10

Title		% Time on Grant
Match Spe		25%
Program C		25%

ICA (7.65%)	Medi	Other	Total Fring
298.35	0	0	\$ 298.35
572.18	5000	0	\$ 2,000.76

Indirect Rate?

Use Indirect Rate ☒ --None--
Yes
No
N/A

Indirect Rate Amount %

Cancel Save and Continue

If not using an indirect rate:

When you enter the Item, select the category, enter the monthly and total expense, you will then indicate which factor value should be applied to the item

JJ6-0516-GREATER BOSTON-MA

Sub-Grant Date Range: 10/01/2016 - 09/30/2017

TOTAL: \$ 120,000.00

Full Time Effort: 4%
% Children Served: 17%

Update Expense Items

Select an Action Update

Facilities

Name	Monthly Rate ?	Total Expense ?	Factor Type	Factor Value	Amount Allocated to Grant	Notes
<input type="checkbox"/> Rent	2000.00	24000.00	FTE	4%	\$ 900.00	+

Add Expense Items

Item Name	Category	Monthly Rate ?	Total Expense ?	Factor Value	Factor %	Amount Allocated to Grant	Notes
Background Checks	Child Safety	200	2400	TCS	17%	\$ 400.00	+

Add

Expense Notes

Attachments

Upload Attachments

Previous

Update Amounts

Submit

Total Requested Amount: \$ 28,657.11

JJ6-0516-GREATER BOSTON-MA

TOTAL: \$ 120,000.00

Projected # of children served during the Grant performance period:

Sub-Grant Date Range: 10/01/2016 - 09/30/2017

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 ?	% Time on Grant	Projected Total
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	\$

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

Add

Personnel Notes

Update Amounts

Next

Total Requested Amount: \$ 0.00

Update Expense Items

Child Safety

Name	Monthly Rate ?	Total Expense ?	Factor Type	Factor Value	Amount Allocated to Grant	Notes
<input type="checkbox"/> Background Checks	200.00	2400.00	TCS	17%	\$ 400.00	+

Facilities

Name	Monthly Rate ?	Total Expense ?	Factor Type	Factor Value	Amount Allocated to Grant	Notes
<input checked="" type="checkbox"/> Rent	2000.00	24000.00	FTE	4%	\$ 900.00	

Add Expense Items

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

Expense Notes

Attachments

Upload Attachments

Previous

Update Amounts

Submit

Total Requested Amount: \$ 14,978.56

If you make a mistake and need to delete a line item, select the item and then select "Delete" in the "Update Expense Items" Row; and click on "Update"

Select an Action
Delete
Mark Inactive
Mark Active

When finished, click "Submit"

You should not use the "Mark Inactive" or "Mark Active" during the budget development or budget update process. These are only for after you have received reimbursements.

Sub-Grant Date Range	Total Budgeted	Total Requested Amount	Total Approved Amount	Balance	Status
10/01/2016 - 09/30/2017	\$12,679.45	\$0.00	\$0.00	\$12,679.45	Budget Submitted

Personnel								
Name	Title	Rate	Hourly?	% Time on Grant	Item Balance	Item Budget	New Item Budget	
Bill T.	Match Specialist	\$15.00	✓	25%	\$3,900.00	\$3,900.00		
Sally M.	Program Coordinator	\$30,000.00	☐	25%	\$7,479.45	\$7,479.45		
Fringe Benefits								
Name	FICA (7.65%)	Medical	Dental	Short Term Disability	Long Term Disability	Life	Other	Total Fringe Benefits
Bill T.	\$ 298.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 298.35
Sally M.	\$ 572.18	\$5,000.00	\$350.00	\$125.00	\$105.00	\$150.00	\$0.00	\$ 2,000.76

Personnel & Fringe Notes
Will this note disappear

Expenses								
Child Safety								
Name	New Rate	Total Expense	Factor Type	Factor Value	Item Balance	Item Budget	New Item Budget	Notes
Background Checks		\$2,400.00	TCS	17 %	\$400.00	\$400.00		
Facilities								
Name	New Rate	Total Expense	Factor Type	Factor Value	Item Balance	Item Budget	New Item Budget	Notes
Rent		\$24,000.00	FTE	4 %	\$900.00	\$900.00		

Update Budget

Updated Requested Amount: \$ 14,978.56

Contact Information

- If you have any questions, please contact Kelly Baird at 443-302-2080 or kbaird@firstpic.org

