This worksheet will help you to prepare the information that you will need when creating or updating a reimbursement in the BBBSA Online Reporting Site. Step-by-step instructions for creating and/or updating a budget are provided in the webinar slides which you will receive a copy of after the training webinar.

|  |  |  |  |
| --- | --- | --- | --- |
| Reference Number | Field Name | Description |  |
| 1 | Date Range of reimbursement | Enter the date range for the reimbursement period. Reimbursements should be submitted based on monthly costs, so if you have more than one month to submit for, you should create separate reimbursements for each month. |  |
| 2 | Total employee hours at affiliate during the month | Total number of hours worked by ALL affiliates at your organization |  |
| 3 | Number of youth served during the month | Total matches served during the request month |  |
| 4 | Number of youth served with grant funding during this month | How many youth (matches) did you serve during this month with JJ7 funds |  |

**Personnel**

Please have the following information available for each person that you plan to include in your reimbursement

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title | 5 - Hours this month | 6 - Hours on grant | 7 - Hourly Rate |
| (this will be auto-filled from your budget) | (this will be auto-filled from your budget) | Total hours worked by this person during the month | Total hours worked on JJ7 grant | This will be carried over from budget. It is the either the hourly rate you entered for a hourly employee, or a calculated hourly rate for a salaried employee. YOU CAN CHANGE THIS IN THE REIMBURSMENT IF IT IS INCORRECT OR HAS CHANGED.\* |
| Example: Bill T. | Match Specialist | 160 | 30 | $20 |
| Example: Sally M. | Program Coordinator | 160 | 80 | 19.18 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*Please provide a note for why the hourly rate has changed

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | 8 - FICA | 9 | | | | | |
| Medical | Dental | Short Term Disability (ST disability) | Long Term Disability (LT disability) | Life Insurance (Life) | Other |
|  | This is not auto-calculated like in the budget. You should enter the FULL FICA tax paid by the organization for that employee as it shows up on their payroll documents | * Provide the monthly cost of benefits as they show up on the benefits paperwork that you will submit with the reimbursement. These are the TOTAL MONTHLY costs for each benefit. | | | | | |
| Bill T. | $244.80 |  |  |  |  |  |  |
| Sally M. | $234.7 | $180 | $5 | $4 | 0 | 0 | $100 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Once you enter the monthly benefit amounts for each employee and click on “update amounts”, the system will automatically calculate the total cost of benefits to be charged to the grant based on the percentage of time each staff member is dedicated to the grant

EXPENSE ITEMS BASED ON FTE AND TCS

NOTE: This system automatically calculates the FTE (full time effort) and TCS based on the information that you have provided on the first page. (in this system, TCS is called “% children served”)

* TCS is calculated based on # children served with grant funds per month divided by total children served by affiliate per month
* FTE is calculated based on Total grant hours/week divided by Total hours/week

You will only be able to request reimbursement for monthly expenses against line items included in your budget. In order to add a new expense line item, you must update your budget first.

Enter the requested information for each expense. Enter 0 if there was no expense made on that line item during that month.

You will need to attach a receipt for each expense unless you have done so previously (i.e. If you attached your lease in the budget, you do not need to attach monthly receipts for rent)

|  |  |  |  |
| --- | --- | --- | --- |
| Line Times in your budget | Factor Value used | Monthly Amount | Receipt? |
| Example: Supplies | TCS | $500 | yes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Indirect Rate

As with the budget, the system will automatically calculate the indirect rate on each reimbursement.

Enter the monthly cost for each expense. Enter 0 if there were no expenses on this line item for the month.

You will need to attach a receipt for each expense unless you have done so previously

**If you are using the Indirect Rate:**

|  |  |  |  |
| --- | --- | --- | --- |
| Item Name | Category\*\*\*\* | Monthly Rate | Receipt? |
| Example: Background Checks | Child Safety | 100 | Yes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Attachments:**

Please submit all attachments as PDFs

You must attach the following documents in order to submit a reimbursement.

* Payroll documentation
* Timesheets (please format as one PDF and upload as a single document)
* General Ledger

Your reimbursement will be sent back to you if:

* You include benefits for reimbursement but do not include documentation of benefits
* You include expenses for reimbursements and do not include the appropriate receipts

Notes: