



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



Diabetes Prevention

# Financial On-Line Reporting Webinar

# Finance and Reimbursement



# Outline of Financial Reimbursement Topics

- Bridging the Program/Finance Divide
- The Reimbursement Request Process/Helpful Tips
- Reimbursement Documentation Review
- Reimbursement Requests by Category
  - Budget approval
  - Personnel
  - Fringe Benefits
  - Equipment
  - Supplies
  - Local Travel
  - Contracts/Consultants
  - Other Costs
- Staff turnover and grant management
- Examples of Allowable vs. Unallowable Costs
- Review the online reporting site
- Budget Revision Process

# Quiz!

- My role is to do the 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

- 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
October- December 2017 expenses	January 16, 2018
January/February 2018 expenses	March 15, 2018
March/April 2018 expenses	May 15, 2018
May/June 2018 expenses	July 16, 2018
July/August 2018 expenses	September 28, 2018



# Reimbursement Request Process

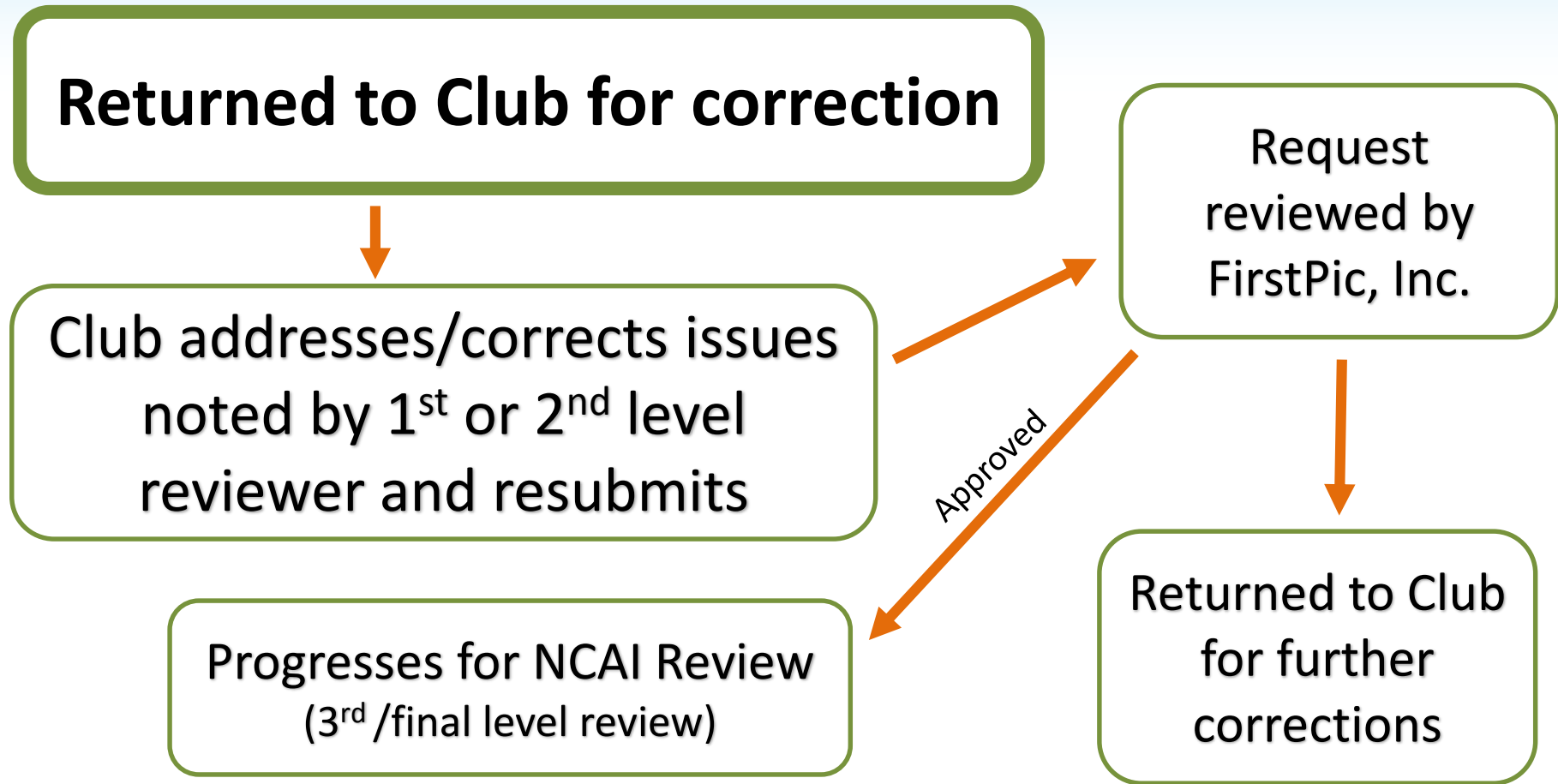
**FirstPic, Inc. reviews request**  
(1<sup>st</sup> and 2<sup>nd</sup> level review)

Approved

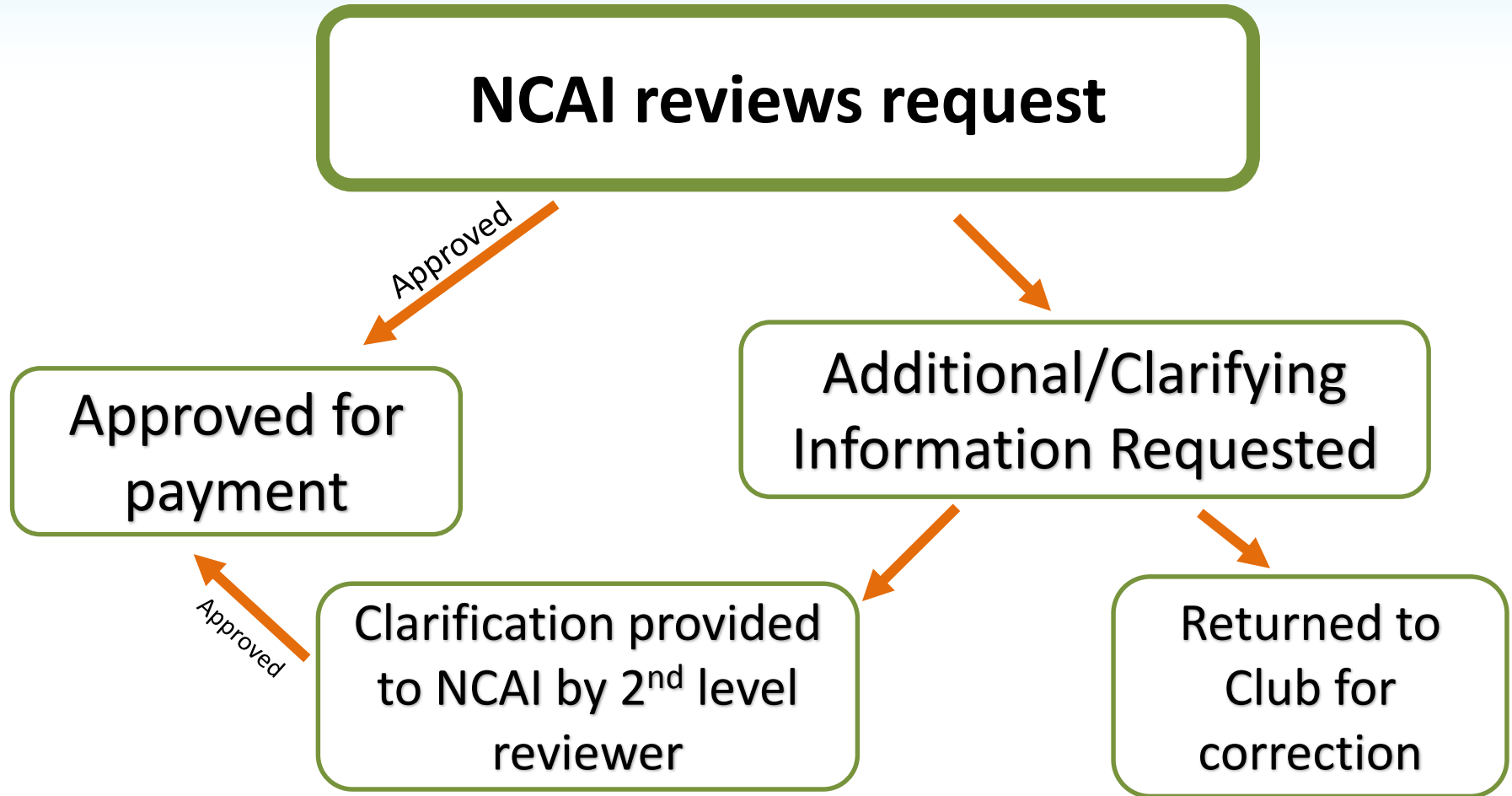
Progresses for  
NCAI Review  
(3<sup>rd</sup> /final level review)

Returned to Club for  
correction

# Reimbursement Request Process



# Reimbursement Request Process





# Helpful Tips for Successful Reimbursement Request

- Reporting dates for reimbursement requests need to be determined according to **pay periods**, which are not necessarily calendar months. Pay period dates **must** match reporting dates.
- Reporting dates for reimbursement requests should not overlap.
- Attachments must be uploaded as PDFs. **Size limit: 10 MB**
- Expenses need to be entered into the correct line items.
- Include required summary sheet when submitting several receipts.

# Helpful Tips for Successful Reimbursement Request

- 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
- Be sure that total hours listed on time sheets/activity reports match hours paid on payroll documentation (hourly staff)

# Helpful Tips for Successful Reimbursement Request

- Documentation needs to show:
  - Exactly **what** was purchased
  - Exactly **when** it was purchased
  - **Proof** that **payment** was made

# Required Information and Documentation

- Proof of payment must accompany every request that is submitted. Proof of payment may be a copy of a cancelled check, a credit card receipt, or a bank/credit card statement entry showing payment.
- Proof of payment is **not** the same thing as verification of what was purchased. An itemized receipt or invoice is also required for reimbursement.
- Providing receipts that are legible is critical.
- The date needs to be clearly visible on each receipt and invoice.

# Required Information and Documentation

- If you submit a large number of receipts, you need to provide a summary document of the costs claimed and the budget category being charged.

## Supplies

### *Office/Program Supplies*

1/5/2018	Staples	\$42.34
1/12/2018	Target	\$32.12
1/24/2018	Walmart	\$13.85
<b>TOTAL</b>		<b>\$88.31</b>

### *Healthy Snacks*

1/5/2018	Walmart	\$52.38
1/15/2018	Fresh Mart	\$72.56
1/24/2018	Walmart	\$58.32
<b>TOTAL</b>		<b>\$183.26</b>

### *Physical Activity Supplies*

1/24/2018	Walmart	\$95.25
1/31/2018	S&S Worldwide	\$128.53
<b>TOTAL</b>		<b>\$223.78</b>

# Required Information and Documentation

- Information needs to be provided in the 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 (if necessary) 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.

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 DP# 00000014 TE# 16 TR# 07437

CASH DRAWER 007555683123

10 AT 1 FOR 3.00 30.00 N

GV CEREAL 007874235886 F 2.98 0

GV CEREAL 007874235886 F 2.98 0

GV CEREAL 007874235886 F 2.98 0

GV CEREAL 007874235886 F 2.98 0

GV CEREAL 007874235886 F 2.98 0

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

COLORD 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

SURVE 004589310867 4.41 N

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SYRUP 076172005110 F 2.52 0

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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

IPPROVAL # 017796

EF # 410700884000

\*.D. # 1002

ERMINAL # MX065099

04/17/14 11:48:07

CHANGE DUE 0.00

# ITEMS SOLD 80

TC# 7118 0769 4717 9421 7089 9



Our Guaranteed Low Prices  
Are Unbeatable with Ad Match!

04/17/14 11:48:07

\*\*\*CUSTOMER COPY\*\*\*

Corn flakes  
Cereal  
Chapter 8  
Act 2

Hand lotion  
Chapter 4  
Act 2



1.00  
3.00  
1.98  
1.24  
0.97  
0.97  
0.97  
3.73  
0.94  
1.74  
1.74  
2.71  
2.71  
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160.15  
160.15  
160.15  
0.00  
80  
7118 0769 4717 9421 7089 9  
32.03

# Good Receipt

## This is a good 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

NAME	DATE	TIME	TYPE	STATUS
QU CR/NL	YEL	003000003050	F	1.74 D
QU CR/NL	YEL	003000003050	F	1.74 D
QU CR/NL	YEL	003000003050	F	1.74 D
QU CR/NL	YEL	003000003050	F	1.74 D
QU CR/NL	YEL	003000003050	F	1.74 D
GLITTER TUS	076594016818			2.71 N
GLITTERSHAKE	076594040931			2.71 N
GLITTERSHAKE	076594040931			2.71 N
GLITTER TUS	076594016818			2.71 N
GLITTERSHAKE	076594040931			2.71 N

GV CEREAL	007874235886	F	2.98	D
GV CEREAL	007874235886	F	2.98	D
GV CEREAL	007874235886	F	2.98	D
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	
MRK BRD	007166207722			
10 AT	1 FOR	0.97	9.70	N

Handwritten: *Hand lotion*  
*Chapt. 4*  
*Act. 2*

LINE	CHARACTER	TIME
SUNWE	004589310867	4.41 N
SUNWE	004589310867	4.41 N
SUNWE	004589310867	4.41 N
SUNWE	004589310867	4.41 N
SUNWE	004589310867	4.41 N
SYRUP	076172005110 F	2.52 G
SYRUP	076172005110 F	2.52 G
SYRUP	076172005110 F	2.52 G
SYRUP	076172005110 F	2.52 G
SYRUP	076172005110 F	2.52 G
QIF CR/MIL TEL	003000003050 F	1.74 G
QIF CR/MIL TEL	003000003050 F	1.74 G
QIF CR/MIL TEL	003000003050 F	1.74 G
QIF CR/MIL TEL	003000003050 F	1.74 G
QIF CR/MIL TEL	003000003050 F	1.74 G

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 32.03

#207.79 16-329-433-5615  
\$176.76 ~~16329-433-5615~~  
**Walmart**  
Save money. Live better.

Save money. Live fitter.

[illegible]

ACCOUNT : 8888 \*      JUNE 05 9  
APPROVAL : 004982  
REF : 416 \* 091887  
TERMIN : 16806657

06/04/14 12:48:32

CHANGE DUE 0.00

# ITEMS SOLD 90

TC# 9086 2328 8361 3782 8687 4



Our Guaranteed Low Price.  
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



8612



# Reimbursement Requests

- Only items that were included in your approved budget may be submitted for reimbursement.



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

# Quiz!

**When is a good time to check your budget/spending to see if you should submit for a budget modification to ensure the ability to spend out the entire grant?**

- a) 2 weeks before the end of the grant period
- b) 3 months before the end of the grant period
- c) Never
- d) When you have received at least 10 emails from FirstPic asking if you're going to submit a budget modification

# Personnel





# Personnel

- You should 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 need to be clearly associated with the staff names being submitted for reimbursement. (Position titles written directly on the pay stub/payroll ledger or time sheet/activity report.)
- Submit the payroll information (pay stub or payroll ledger) for the pay period(s) covered in the reimbursement request.
- 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 the percentage of time or hours being claimed on the request. (Note: Federal funds cannot be used to pay overtime.)
- 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 **salaried** employees will be entered as:
  1. total number of hours worked during the pay period
  2. total number of hours worked on T.R.A.I.L. during the pay period
  3. total regular gross salary for the pay period
- Reimbursement requests for **hourly** employees will be entered as:
  1. total number of hours worked during the pay period
  2. total number of hours worked on T.R.A.I.L. during the pay period
  3. the employee's hourly wage

# Personnel

- If the percentage of time (salaried) or number of hours worked (hourly) differs **greatly** 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 there is a change for a position between hourly/salary during the program year, a budget revision will need to be requested and the request split at the applicable pay period.

# Fringe Benefits



# 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 costs are adjusted (e.g., subtracting employee contributions), an explanation needs to be provided in the notes.
- 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
- Provide supporting documentation for percentages that may differ from state to state or area to area such as WC, SUTA, etc.

\*Only reimbursable if it is in your approved budget.

# Equipment



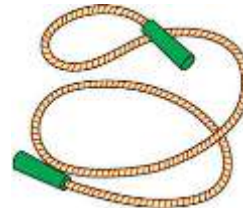


# Equipment

- Equipment costs are subject to pro-rating per percentage of time used for the T.R.A.I.L. program.
- Service contracts on equipment are not allowable expenses.
- The purpose of purchasing equipment with grant funds is for use with the T.R.A.I.L. program.
  - Please purchase equipment on your approved budget as soon as your budget is approved.
  - Purchasing equipment late in the program year could result in it needing to be extremely pro-rated, or possibly **not reimbursable at all**.

\*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 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 notes regarding the purpose of the supplies. (e.g. The food 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 (refer to the allowable/non-allowable list provided) *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.

\*Only reimbursable if it is in your approved budget.

# Travel



# Travel

## National Training

- Airfare or train fare (ticket cost + taxes, **no “extra” fees** – e.g., travel insurance, seat fees, etc.)
- Mileage if driving instead of flying (mileage log/Google map needed – maximum \$0.535/mile)
- Baggage fees - standard charged by airline
- Taxi/shuttle to and from the airport
- Rental car (rental fee + taxes, **no “extra” fees** – e.g., insurances, GPS, etc.)
- Airport parking
- Per diem

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

\*Only reimbursable if it is in your approved budget.

# 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, unless your site has a different mileage reimbursement rate that you are using (cannot exceed \$0.535/mile for travel prior to January 1, 2018; on/after January 1, 2018 mileage rate is \$0.545/mile).
  - 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.

\*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

Field Trip!



# Other Costs

- A narrative must be provided in the 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 require 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 Allowable & Unallowable Costs***

## **PERSONNEL**

**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.

## **FRINGE BENEFITS**

**Allowed:** Benefits paid by the employer. (based on single policy rates)

## **EQUIPMENT**

**Allowed:** Computers under \$1000

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

# *Examples of Allowable & Unallowable Costs*

## SUPPLIES

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

Reference NAClubs.org for examples of non-allowable snack foods and suggested alternatives.

**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. Travel to required National Training expenses.

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

# *Examples of Allowable & Unallowable Costs*

## **CONTRACTORS**

**Allowed:** Contractors can be paid a maximum of \$650/8 hour day at a rate of \$81.25/hour.

## **SPECIAL EVENTS/OTHER COSTS**

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



# Contact Information - Program

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**Ilde Pillot-Olive**

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**Justine Davenport**

[jdavenport@firstpic.org](mailto:jdavenport@firstpic.org)

# Online Reporting Site

# Site Access

- New Online Reporting Site  
<https://firstpic.force.com/trail>
- Google Chrome is the required browser
- Login information will be (or has been) emailed this week from [support@firstpic.org](mailto:support@firstpic.org)
- User Name = Your email address
- Password = You will set it using the link in the email

# Implementation

## Program:

- Progress Reports are already live and will be available this week

## Financial:

- Still under development
- Will be ready in January in time for your first reimbursement request
- Once budget has been approved by NCAI, FirstPic will upload into the reporting system
- Next year budgets will be entered directly on the site

# Reimbursement Requests



## REIMBURSEMENT REQUESTS

Sub-Grant Name:

Sort By:

Request Date ▾

Update

### Incomplete

No Incomplete Found

### Pending Review

No Pending Review Found

### Approved

No Approved Found

Create Reimbursement

You can create a reimbursement request on the Reimbursement tab, as shown here.

You can also create a reimbursement request from the Sub-grant Details page.



-- Select a Sub-Grant -- ▾  
-- Select a Sub-Grant --  
BGC Example Land

Next

If you create a reimbursement from the reimbursement tab, you will need to select the appropriate sub-grant.



## BGC EXAMPLE LAND

BALANCE:

### Reimbursement Details

Reimbursement Date Range:

From:

To:

How many pay periods are in the request period?

Cancel

Save

Save and Exit

Next

1. Enter the date range for your request.
2. Enter the number of pay periods that the request will cover.

3. Click Next to go on.





## BGC EXAMPLE LAND

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

Request Id: R-3337

Date Range: 01/01/2018 - 02/28/2018

Pay Periods: 2

Status: Incomplete

## Personnel

Pay Period: 1

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

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			+
CPO	0.00	0.00	Salary			+
Program Assistant	0.00	0.00	Hourly			+
Program Coordinator	0.00	0.00	Hourly			+

2. Personnel titles and whether the personnel are hourly or salaried will be pulled from the budget.

## Attachments

No Attachments Found

Upload Attachment

Previous

Update Amounts

Save

Save and Exit

Next

Total Requested Personnel: \$0.00  
Personnel Balance: \$11,832.75  
Personnel Budgeted Amount: \$11,832.75  
Total Requested Amount: \$0.00



## BGC EXAMPLE LAND

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

Request Id: R-3337

Date Range: 01/01/2018 - 02/28/2018

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	176	4	Salary 2166.67	2		+
CPO	176	5	Salary 2816.67			+
Program Assistant	0.00	0.00	Hourly			+
Program Coordinator	176	88	Hourly 13	3		+

2. For salaried employees, enter their total pay for this pay period.

3. For Hourly employees, enter their hourly rate.

1. Enter the total number of hours the employees worked this pay period and the number of those hours that they worked on the grant.

## Attachments

No Attachments Found

Upload AttachmentPreviousUpdate AmountsSaveSave and ExitNext

Total Requested Personnel: \$0.00  
Personnel Balance: \$11,832.75  
Personnel Budgeted Amount: \$11,832.75  
Total Requested Amount: \$0.00



## BGC EXAMPLE LAND

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

Request Id: R-3337

Date Range: 01/01/2018 - 02/28/2018

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	<input type="text" value="176.00"/>	<input type="text" value="4.00"/>	Salary <input type="text" value="2,166.67"/>	2.3%	\$49.24	+
CPO	<input type="text" value="176.00"/>	<input type="text" value="5.00"/>	Salary <input type="text" value="2,816.67"/>	2.8%	\$80.02	+
Program Assistant	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	Hourly <input type="text"/>	0.0%	\$0.00	+
Program Coordinator	<input type="text" value="176.00"/>	<input type="text" value="88.00"/>	Hourly <input type="text" value="13.00"/>	50.0%	\$1,144.00	+

## Attachments

No Attachments Found

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

Total Requested Personnel: \$1,273.26

Personnel Balance: \$11,832.75

Personnel Budgeted Amount: \$11,832.75

Total Requested Amount: \$1,273.26



## BGC EXAMPLE LAND

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

Request Id: R-3337

Date Range: 01/01/2018 - 02/28/2018

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	<input type="text" value="176.00"/>	<input type="text" value="4.00"/>	Salary <input type="text" value="2,166.67"/>	2.3%	\$49.24	<input data-bbox="1812 572 1831 586" type="text" value="+"/>
CPO	<input type="text" value="176.00"/>	<input type="text" value="5.00"/>	Salary <input type="text" value="2,816.67"/>	2.8%	\$80.02	<input data-bbox="1812 625 1831 639" type="text" value="+"/>
Program Assistant	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	Hourly <input type="text" value=""/>	0.0%	\$0.00	<input data-bbox="1812 678 1831 692" type="text" value="+"/>
Program Coordinator	<input type="text" value="176.00"/>	<input type="text" value="88.00"/>	Hourly <input type="text" value="13.00"/>	50.0%	\$1,144.00	<input data-bbox="1812 763 1831 778" type="text" value="+"/>

1

## Attachments

No Attachments Found

1. To add notes for an employee, click the "+" to the right of their line.

Total Requested Personnel: \$1,273.26

Personnel Balance: \$11,832.75

Personnel Budgeted Amount: \$11,832.75

Total Requested Amount: \$1,273.26



## BGC EXAMPLE LAND

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

Request Id: R-3337

Date Range: 01/01/2018 - 02/28/2018

Pay Periods: 2

Status: Incomplete

## Personnel

Pay Period: 1

Title	Hours this P
Accountant	176.00
CPO	176.00
Program Assistant	0.00
Program Coordinator	176.00

## Notes for Program Coordinator

Enter your notes in the box.

## National Notes:

No Notes from National

Total Pay Requested	Notes
\$49.24	+
\$80.02	+
\$0.00	+
\$1,144.00	±

## Attachments

No Attachments Found

Upload Attachment

Close

Save

Previous

Update Amounts

Save

Save and Exit

Next

Total Requested Personnel: \$1,273.26  
Personnel Balance: \$11,832.75  
Personnel Budgeted Amount: \$11,832.75  
Total Requested Amount: \$1,273.26



## BGC EXAMPLE LAND

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

Request Id: R-3337

Date Range: 01/01/2018 - 02/28/2018

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	<input type="text" value="176.00"/>	<input type="text" value="4.00"/>	Salary <input type="text" value="2,166.67"/>	2.3%	\$49.24	
CPO	<input type="text" value="176.00"/>	<input type="text" value="5.00"/>	Salary <input type="text" value="2,816.67"/>	2.8%	\$80.02	
Program Assistant	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	Hourly <input type="text"/>	0.0%	\$0.00	
Program Coordinator	<input type="text" value="176.00"/>	<input type="text" value="88.00"/>	Hourly <input type="text" value="13.00"/>	50.0%	\$1,144.00	

## Attachments

No Attachments Found

Upload Attachment

2. To add an attachment, click the "Upload Attachment" button.

1. This icon will appear if you have added notes.

Previous

Update Amounts

Save

Save and Exit

Next

Total Requested Personnel: \$1,273.26

Personnel Balance: \$11,832.75

Personnel Budgeted Amount: \$11,832.75

Total Requested Amount: \$1,273.26



## BGC EXAMPLE LAND

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

Request Id: R-3337

Date Range: 01/01/2018 - 02/28/2018

Pay Periods: 2

Status: Incomplete

## Personnel

Pay Period: 1

Title	Hours this P
Accountant	176.00
CPO	176.00
Program Assistant	0.00
Program Coordinator	176.00

Total Pay Requested	Notes
\$49.24	+
\$80.02	+
\$0.00	+
\$1,144.00	

## Add New Document

Payroll ▾

Notes:

Cancel

Save and Close

Upload New Attachment

## Attachments

No Attachments Found

Upload Attachment

Previous

Update Amounts

Save

Save and Exit

Next

Total Requested Personnel: \$1,273.26  
Personnel Balance: \$11,832.75  
Personnel Budgeted Amount: \$11,832.75

Total Requested Amount: \$1,273.26

1. Select the type of document you are uploading: payroll or timesheet

2. Click "Upload New Attachment"



## BGC EXAMPLE LAND

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

Request Id: R-3337

Date Range: 01/01/2018 - 02/28/2018

Status: Incomplete

## Personnel

Pay Period: 1

Title	Hours this P
Accountant	176.00
CPO	176.00
Program Assistant	0.00
Program Coordinator	176.00

## Attachments

No Attachments Found

Upload Attachment

## Add New Document

File Name: Choose File 

File size is limited to 10MB. Please upload PDF's ONLY.

Upload Close 

1. If you would like to rename the file for the upload, type in the new name here.

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

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

4. You may upload more than one file for the category chosen (payroll or timesheet). When you are done, click "Close."

Previous

Update Amounts

Save

Save and Exit

Next

Total Requested Personnel: \$1,273.26  
Personnel Balance: \$11,832.75  
Personnel Budgeted Amount: \$11,832.75  
Total Requested Amount: \$1,273.26





## BGC EXAMPLE LAND

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

Request Id: R-3337

Date Range: 01/01/2018 - 02/28/2018

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	<input type="text" value="176.00"/>	<input type="text" value="4.00"/>	Salary <input type="text" value="2,166.6"/>	2.3%	\$49.24	+
CPO	<input type="text" value="176.00"/>	<input type="text" value="5.00"/>	Salary		\$80.02	+
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	Hourly		\$0.00	+
	<input type="text" value="88.00"/>	<input type="text" value="88.00"/>	Hourly		\$1,144.00	

1. To delete an upload, click the circled x to the left of the Name.

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

## Attachments

- 1
- ☐ Name
  - ☐ Payroll
  - ☐ Timesheet

3. When you have finished the 1<sup>st</sup> personnel page, click "Next" to go on.



## View Attachment

Payroll-PayPeriod1

Timesheet-PayPeriod1

Upload Attachment

Previous

Update Amounts

Save

Save and Exit

Next

Total Requested Personnel: \$1,273.26  
Personnel Balance: \$11,832.75  
Personnel Budgeted Amount: \$11,832.75



Request Id: R-3337

Date Range: 01/01/2018 - 02/28/2018

Pay Periods: 2

Status: Incomplete

## Personnel

Pay Period: 2

1

1. This is the personnel page for the 2<sup>nd</sup> pay period in this request.

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary Rate ?	% Time on Grant this Pay Period	Total Pay Requested	Notes
Accountant	160.00	3.00	Salary 2,166.6	1.7%	\$36.93	+
CPO	160.00	5.00	Salary 2,816.6	3.1%	\$88.02	+
Program Assistant	0.00	0.00	Hourly	0.0%	\$0.00	+
Program Coordinator	160.00	80.00	Hourly 13.00	50.0%	\$1,144.00	+

## Attachments

Name	Notes	Edit	View Attachment
✕ Payroll			Payroll-PayPeriod2
✕ Timesheet			Timesheet-PayPeriod2

Upload Attachment

Previous

Update Amounts

Save

Save and Exit

Next

Total Requested Personnel: \$2,542.21

Personnel Balance: \$11,832.75

Personnel Budgeted Amount: \$11,832.75

Total Requested Amount: \$2,542.21



## BGC EXAMPLE LAND

Request Id: R-3337

Date

1. Once you have filled out personnel for all the pay periods in the request, you will come to Fringe Benefits

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

Pay Periods: 2

Status: Incomplete

### Fringe Benefits

1

Title  
Accountant

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes +
FICA	SUTA	Workers Comp	Retirement	Other	Total Benefits Requested			
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	\$0.00			

Hours Towards Grant	Percent Towards Grant	Salary Requested
7.00	2.074%	\$89.87

Title  
CPO

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes +
FICA	SUTA	Workers Comp	Retirement	Other	Total Benefits Requested			
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	\$0.00			

2. The system will automatically include each of your possible employees from your budget.

2

3. These amounts will be auto-calculated from the Personnel pages.

3

Hours Towards Grant	Percent Towards Grant	Salary Requested
10.00	2.983%	\$168.04

Title  
Program Assistant

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes +
FICA	SUTA	Workers Comp	Retirement	Other	Total Benefits Requested			
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	\$0.00			



	Hours Towards Grant	Grant	Salary Requested					
	10.00	2.983%	\$168.04					
<b>Title</b>	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>Short Term</b>	<b>Long Term</b>	<b>Life</b>	<b>Other</b>	<b>Notes</b>
Program Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+
	<b>FICA</b>	<b>SUTA</b>	<b>Workers Comp</b>	<b>Retirement</b>	<b>Other</b>	<b>Total Benefits Requested</b>		
	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	\$0.00		
	<b>Hours Towards Grant</b>	<b>Percent Towards Grant</b>	<b>Salary Requested</b>					
	0.00	0.000%	\$0.00					
<b>Title</b>	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>Short Term</b>	<b>Long Term</b>	<b>Life</b>	<b>Other</b>	<b>Notes</b>
Program Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+
	<b>FICA</b>	<b>SUTA</b>	<b>Workers Comp</b>	<b>Retirement</b>	<b>Other</b>	<b>Total Benefits Requested</b>		
	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	\$180.18		
	7.61 %	0.41 %	\$8.74	0.21 %	\$4.37	<input type="text"/> %		\$167.08
	<b>Hours Towards Grant</b>	<b>Percent Towards Grant</b>	<b>Salary Requested</b>					
	168.00	50.000%	\$2,184.00					

1. On the first line, enter premium amounts.

1

2. On the second line, enter percent fringe.

2

Update Amounts

Previous

Save

Save and Exit

Next

Total Requested Benefits: \$212.04

Benefits Balance: \$1,009.25

Benefits Budgeted Amount: \$1,009.25

Total Requested Amount: \$2,653.95



## BGC EXAMPLE LAND

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

Request Id: R-3337

Pay Periods: 2

Status: Incomplete

Expenses

1

1. When you are done with Fringe Benefits, you will go on to Expenses.

Contract Specialist

Item	Rate	Quantity	Total Amount Requested	Notes
Healthy Cooking Demonstration	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>		+
Physical Fitness/Sports Instruction	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>		+

Equipment

Item	Rate	Quantity	Total Amount Requested	Notes
Laptop Computer	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>		+

Other Costs

Item	Rate	Quantity	Total Amount Requested	Notes
Bowling	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>		+
Skating	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>		+
Swimming	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>		+

Supplies

2

2. Expense Categories and Items will be pulled in from the Budget.



Item	Rate	Quantity	Total Amount Requested	Notes
Healthy Cooking Demonstration	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	\$0.00	+
Physical Fitness/Sports Instruction	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	\$0.00	+

## Equipment

Item	Rate	Quantity	Total Amount Requested	Notes
Laptop Computer	<input type="text" value="756.67"/>	<input type="text" value="0.85"/>	\$643.17	🗨

## Other Costs

Item	Rate	Quantity	Total Amount Requested	Notes
Bowling	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>		
Skating	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>		
Swimming	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	\$0.00	+

Put in the Rate and Quantity for the items you are requesting. Add Notes as needed.

## Supplies

Item	Rate	Quantity	Total Amount Requested	Notes
Digital Camera	<input type="text" value="140.71"/>	<input type="text" value="1.00"/>	\$140.71	+
Healthy Foods	<input type="text" value="25.84"/>	<input type="text" value="1.00"/>	\$25.84	+
Office/Program Supplies	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	\$0.00	+
Physical Activity Supplies	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	\$0.00	+
Printer	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	\$0.00	+

## Travel



Item	Rate	Quantity	Total Amount Requested	Notes
Airfare	0.00	1.00	\$0.00	+
Airport Parking	0.00	1.00	\$0.00	+
Baggage fees	0.00	1.00	\$0.00	+
Hotel for National Training	0.00	1.00	\$0.00	+
Participant transportation to special events (Club van - gas)	0.00	1.00	\$0.00	+
Per Diem - Full Day	0.00	1.00	\$0.00	+
Per Diem - Travel Day	0.00	1.00	\$0.00	+
		1.00	\$0.00	+
		1.00	\$0.00	+

1. Add your receipts and other attachments at the bottom of the page.

Update Amounts

1

2. You can check your request totals here.

### Attachments

Name	Notes	Edit	View Attachment
✕ Receipts			Items.pdf

Upload Attachment

3

Submit

3. When you are done, hit "Submit."

2

Total Personnel Requested: \$2,441.91  
Total Fringe Requested: \$212.04  
Total Expense Requested: \$809.72  
Total Requested Amount: \$3,463.67

Previous

Save

Save and Exit



## BGC EXAMPLE LAND

Once you have submitted, you will see a summary of your request.

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

Request Id: R-3337

Date Range: 01/01/2018 - 02/28/2018

Pay Periods: 2

Status: Pending 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	Total Pay Approved	Notes
Accountant	176.00	4.00	Salary	\$2,166.67	2.3%	\$49.24	\$49.24	+
CPO	176.00	5.00	Salary	\$2,816.67	2.8%	\$80.02	\$80.02	+
Program Assistant	0.00	0.00	Hourly		0.0%	\$0.00	\$0.00	+
Program Coordinator	176.00	88.00	Hourly	\$13.00	50.0%	\$1,144.00	\$1,144.00	

## 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	160.00	3.00	Salary	\$2,166.67	1.9%	\$40.63	\$40.63	+
CPO	160.00	5.00	Salary	\$2,816.67	3.1%	\$88.02	\$88.02	+
Program Assistant	0.00	0.00	Hourly		0.0%	\$0.00	\$0.00	+
Program Coordinator	160.00	80.00	Hourly	\$13.00	50.0%	\$1,040.00	\$1,040.00	+

Total Personnel Requested: \$2,441.91





## REIMBURSEMENT REQUESTS

Sub-Grant Name:

Sort By:

Request Date ▾

[Update](#)

### Incomplete

No Incomplete Found

### Pending Review

Request Id	Sub-Grant Name	Start Date	End Date	Request Date	Requested Amount
R-3337	BGC Example Land	1/1/2018	2/28/2018	11/30/2017	\$809.72

### Approved

No Approved Found

[Create Reimbursement](#)

- The Reimbursement request will now be “Pending Review.”
- If it is sent back for revisions, it will be listed under “Incomplete.”
- If it is approved, it will be moved to “Approved.”

# Budget Update



HELLO EXAMPLE PERSON.

### Incomplete Sub-Grants

No Incomplete Sub-Grants Found

To update a budget, go to the Sub-Grants tab.

### Incomplete Reimbursements

No Incomplete Reimbursements Found

### Incomplete Progress Reports

No Incomplete Progress Reports Found



## SUB-GRANTS

Name: Sort By: [Update](#)

## Incomplete Sub-Grants

No Incomplete Sub-Grants Found

## Sub-Grants Pending Approval

No Sub-Grants Pending Approval Found

## Approved Sub-Grants

Sub-Grant Name	Awarded	Total Budgeted	Requested Amount	Approved Amount	Balance	Status
BGC Example Land	\$18,000.00	\$18,000.00	\$809.72	\$0.00		Approved

Click on the Sub-Grant that  
you want to update.



## BGC EXAMPLE LAND

TOTAL AWARDED: \$18,000.00

Click "Update Budget"

Update Budget

Date Range: 01/01/2018 - 12/31/2018

Balance:

Status: Approved

Total Budgeted: \$18,000.00

Requested Amount: \$809.72

Approved Amount: \$0.00

## Personnel

Title	Hourly/Salary	Rate/Annual Salary	# Weeks on Grant	% Time on Grant	Amount Allocated to Grant	Requested Salary	Approved Salary	Item Balance	Notes
Accountant	<input checked="" type="checkbox"/> Salary		40.00	2.0%	\$400.00	\$89.87	\$0.00	\$433.00	
CPO	<input checked="" type="checkbox"/> Salary		48.00	3.0%	\$936.00	\$168.04	\$0.00	\$1,130.87	
Program Assistant	<input checked="" type="checkbox"/> Hourly		14.00	25.0%	\$647.50	\$0.00	\$0.00	\$700.92	
Program Coordinator	<input checked="" type="checkbox"/> Hourly		34.00	50.0%	\$8,840.00	\$2,184.00	\$0.00	\$9,569.30	

## Fringe Benefits

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other
Accountant							\$0.00
	FICA	SUTA	Workers Comp	Retirement	Other		
	\$30.60	\$1.60	\$0.80				

New Fringe Benefits	Benefits Allocated to Grant	Requested Benefits	Approved Benefits
\$33.00	\$33.00	\$7.41	\$0.00



## BGC EXAMPLE LAND

TOTAL AWARDED: \$18,000.00

## Personnel

Mark Inactive

	Title	Hourly/Salary	Rate/Annual Salary	Total Hrs/Wk	Grant Hrs/Wk	# Weeks on Grant	% Time on Grant	Amount Allocated to Grant	Notes
<input type="checkbox"/>	Accountant	Salary ▾		40.00	0.80	40.00	2.0%	\$400.00	
<input type="checkbox"/>	CPO	Salary ▾		40.00	1.20	48.00	3.0%	\$936.00	
<input type="checkbox"/>	Program Assis	Hourly ▾		20.00	5.00	14.00	25.0%	\$647.50	
<input type="checkbox"/>	Program Coorc	Hourly ▾		40.00	20.00	34.00	50.0%	\$8,840.00	

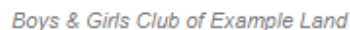
## Fringe Benefits

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Grant
Accountant								\$0.00

For the budget, enter premiums as their annual amount.

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Grant
CPO	3,900 \$107.71	360 \$9.94						\$0.00
	FICA 7.65 % \$71.60	SUTA 0.40 % \$3.74	Workers Comp 0.20 % \$1.87	Retirement	Other	Benefits Allocated to Grant \$194.87		

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Grant
Program Assistant								\$0.00



**TOTAL AWARDED: \$18,000.00**

To mark an employee as “inactive,” check the box next to the title and click “Mark Inactive”

[Mark Inactive](#)

	Title	Hourly/Salary	Rate/Annual Salary	Total Hrs/Wk	Grant Hrs/Wk	# Weeks on Grant	% Time on Grant	Amount Allocated to Grant	Notes
<input checked="" type="checkbox"/>	Accountant	Salary ▾		40.00	0.80	40.00	2.0%	\$400.00	
<input type="checkbox"/>	CPO	Salary ▾		40.00	1.20	48.00	3.0%	\$936.00	
<input type="checkbox"/>	Program Assist	Hourly ▾		20.00	5.00	14.00	25.0%	\$647.50	
<input type="checkbox"/>	Program Coorc	Hourly ▾		40.00	20.00	34.00	50.0%	\$8,840.00	

## Fringe Benefits

[illegible]



## BGC EXAMPLE LAND

AWARDED: \$18,000.00

## Personnel

Mark Inactive

Title	Hourly/Salary	Rate/Annual Salary	Total Hrs/Wk	Grant Hrs/Wk	# Weeks on Grant	% Time on Grant	Amount Allocated to Grant	Notes
<input type="checkbox"/> Accountant	Salary		40.00	0.80	40.00	2.0%	\$89.87	
<input type="checkbox"/> CPO	Salary ▾		40.00	1.20	48.00	3.0%	\$936.00	
<input type="checkbox"/> Program Assist	Hourly ▾		20.00	5.00	14.00	25.0%	\$647.50	
<input type="checkbox"/> Program Coord	Hourly ▾		40.00	20.00	34.00	50.0%	\$8,840.00	

Any amount already reimbursed for an employee marked inactive will remain.

## Fringe Benefits

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other
Accountant	FICA \$30.60	SUTA \$1.60	Workers Comp \$0.80	Retirement	Other	Benefits Allocated to Grant \$7.41	\$0.00
CPO	3.9% \$107.71	360 \$9.94					\$0.00
	FICA 7.65% \$71.60	SUTA 0.4% \$3.74	Workers Comp 0.2% \$1.87	Retirement	Other	Benefits Allocated to Grant \$194.87	
Program Assistant							\$0.00





Coordinator

FICA

7.65 %

\$676.26

SUTA

0.40 % \$35.36

Workers Comp

0.20 % \$17.68

Retirement

%

Other

%

Benefits Allocated to Grant

\$729.30

Update Amounts

Add Personnel

Delete

To add new personnel, click the “Add” button in the “Add Personnel” box.

Add

Update Amounts

## Personnel &amp; Fringe Notes

Fringe:

FICA 7.65%; WC .2%; Unemployment .4% for all staff members.

CPO: Health and Dental insurance, based on employee only rates

## Reviewer Notes:

No Notes from National

Update Amounts

Save

Next

Total Personnel and Fringe Budget: \$ 11,834.09

Total Expense Budget: \$ 6,165.90

Total Budget Amount: \$ 18,000.00



Coordinator

FICA

7.65 %

\$676.26

SUTA

0.40 % \$35.36

Workers Comp Retirement

0.20 % \$17.68

%

Other

%

Benefits Allocated to Grant

\$729.30

Update Amounts

Add Personnel

Delete

Add

Update Amounts

Personnel &amp; Fringe Notes

Fringe:

FICA 7.65%; WC .2%

CPO: Health and Den

Click "Update Amounts" for the system to calculate new amounts after your changes.

Reviewer Notes:

No Notes from National

Update Amounts

Save

Next

Click "Next" to go on to Expenses.

Total Personnel and Fringe Budget: \$ 11,498.37

Total Expense Budget: \$ 6,165.90

Total Budget Amount: \$ 17,664.28



## BGC EXAMPLE LAND

As with Personnel, you  
can change values or  
mark an item as inactive.

TOTAL AWARDED: \$18,000.00

## Expenses

[Mark Inactive](#)

## Contract Specialist

Item	Rate	Quantity	Amount Allocated to Grant	Notes
<input type="checkbox"/> Healthy Cooking Demonstrati	30.00	5.00	\$150.00	
<input type="checkbox"/> Physical Fitness/Sports Instru	50.00	5.00	\$250.00	

## Equipment

Item	Rate	Quantity	Amount Allocated to Grant	Notes
<input type="checkbox"/> Laptop Computer	700.00	0.85	\$595.00	

## Other Costs

Item	Rate	Quantity	Amount Allocated to Grant	Notes
<input type="checkbox"/> Bowling	8.00	25.00	\$200.00	
<input type="checkbox"/> Skating	10.00	25.00	\$250.00	
<input type="checkbox"/> Swimming	150.00	1.00	\$150.00	

## Supplies

Item	Rate	Quantity	Amount Allocated to Grant	Notes
<input type="checkbox"/> Digital Camera	125.00	1.00	\$125.00	
<input type="checkbox"/> Healthy Foods	1,300.00	1.00	\$1,300.00	



## Add Expenses

[Delete](#)

Item	Category	Rate	Quantity	Amount Allocated to Grant	Notes
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[Add Expense](#)[Add Mileage](#)[Update Amounts](#)

## Expense Notes

Click "Add Expense" to add a new expense item. Mileage is a special type of expense and may be added by clicking "Add Mileage."

## Reviewer Notes:

No Notes from National

## Attachments

No Attachments Found

[Upload Attachment](#)[Previous](#)[Update Amounts](#)[Save](#)[Submit](#)

Total Personnel and Fringe Budget: \$ 11,498.37

Total Expense Budget: \$ 6,201.62

Total Budget Amount: \$ 17,700.00



Update Amounts

### Add Expenses

Delete

Item	Category	Rate	Quantity	Amount Allocated to Grant Notes
<input type="checkbox"/> Zumba	Other Costs ▾	12.00	25.00	\$300.00 +

Add Expense

Add Mileage

Update Amounts

### Expense Notes

### Reviewer Notes:

No Notes from National

### Attachments

No Attachments Found

Upload Attachment

1. Enter the Item name

2. Select the Category.

3. Enter the Rate and Quantity.

4. Click the "+" to add a note.

5. Click "Update Amounts" to calculate the amount allocated to the grant.



## Add Expenses

[Delete](#)

Item	Category	Rate	Quantity	Amount Allocated to Grant Notes
<input type="checkbox"/> Zumba	Other Costs ▾	12.00	25.00	\$300.00 

[Add Expense](#)[Add Mileage](#)[Update Amounts](#)

## Expense Notes

You can add notes for the entire expense category here.

## Reviewer Notes:

No Notes from National

## Attachments

No Attachments Found

[Upload Attachment](#)

When you are done  
with your update, click  
"Submit."

[Previous](#)[Update Amounts](#)[Save](#)[Submit](#)

Total Personnel and Fringe Budget: \$ 11,498.37

Total Expense Budget: \$ 6,501.62

Total Budget Amount: \$ 18,000.00



## BGC EXAMPLE LAND

TOTAL AWARDED: \$18,000.00

Date Range: 01/01/2018 - 12/31/2018

Total Budgeted: \$18,000.00

Once you have submitted, you will see the summary of your budget update, pending approval.

Status: Pending Approval

Approved Amount: \$4,061.35

## Personnel

Title	Active	Hourly/Salary	Rate/Annual Salary	# Weeks on Grant	% Time on Grant	New Item Budget	Amount Allocated to Grant	Requested Salary	Approved Salary	Item Balance	Notes
Accountant	<input type="checkbox"/>	Salary		40.00	2.0%	\$89.87	\$400.00	\$89.87	\$89.87	\$433.00	
CPO	<input checked="" type="checkbox"/>	Salary		48.00	3.0%	\$936.00	\$936.00	\$168.04	\$168.04	\$1,130.87	
Program Assistant	<input checked="" type="checkbox"/>	Hourly		14.00	25.0%	\$647.50	\$647.50	\$0.00	\$0.00	\$700.92	
Program Coordinator	<input checked="" type="checkbox"/>	Hourly		34.00	50.0%	\$8,840.00	\$8,840.00	\$2,184.00	\$2,184.00	\$9,569.30	

## Fringe Benefits

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other
Accountant							\$0.00
	FICA	SUTA	Workers Comp	Retirement	Other		
	\$30.60	\$1.60	\$0.80				
New Fringe Benefits				Benefits Allocated to Grant	Requested Benefits	Approved Benefits	
\$7.41				\$33.00	\$7.41	\$7.41	