



Financial On-Line Reporting

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
- 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 1 - October expenses	November 15, 2018
November/December 2018 expenses	January 15, 2019
January/February 2019 expenses	March 15, 2019
March/April 2019 expenses	May 15, 2019
May/June 2019 expenses	July 15, 2019
July/August 2019 expenses	September 27, 2019



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

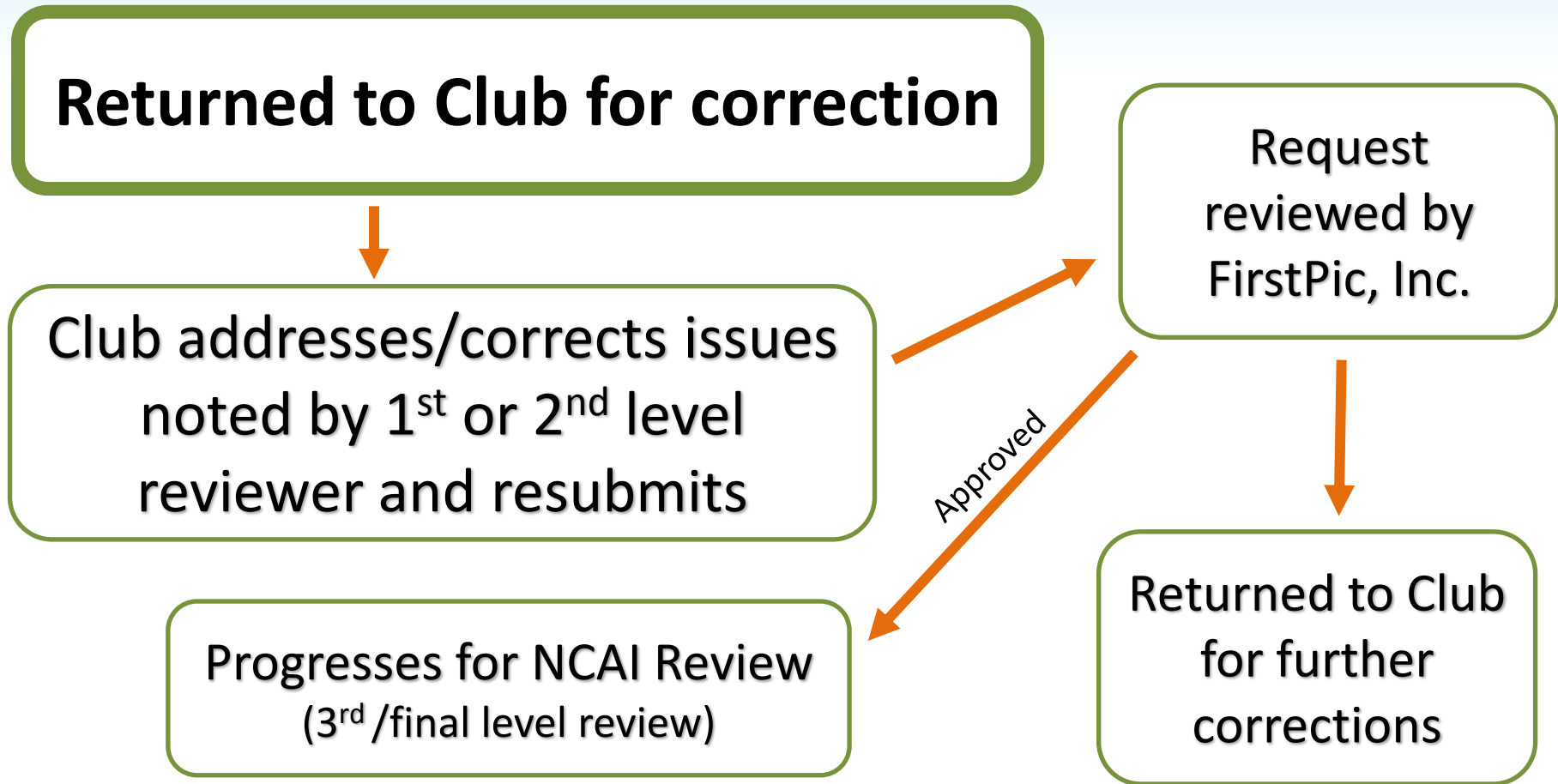
FirstPic, Inc. reviews request
(1st and 2nd level review)

Approved

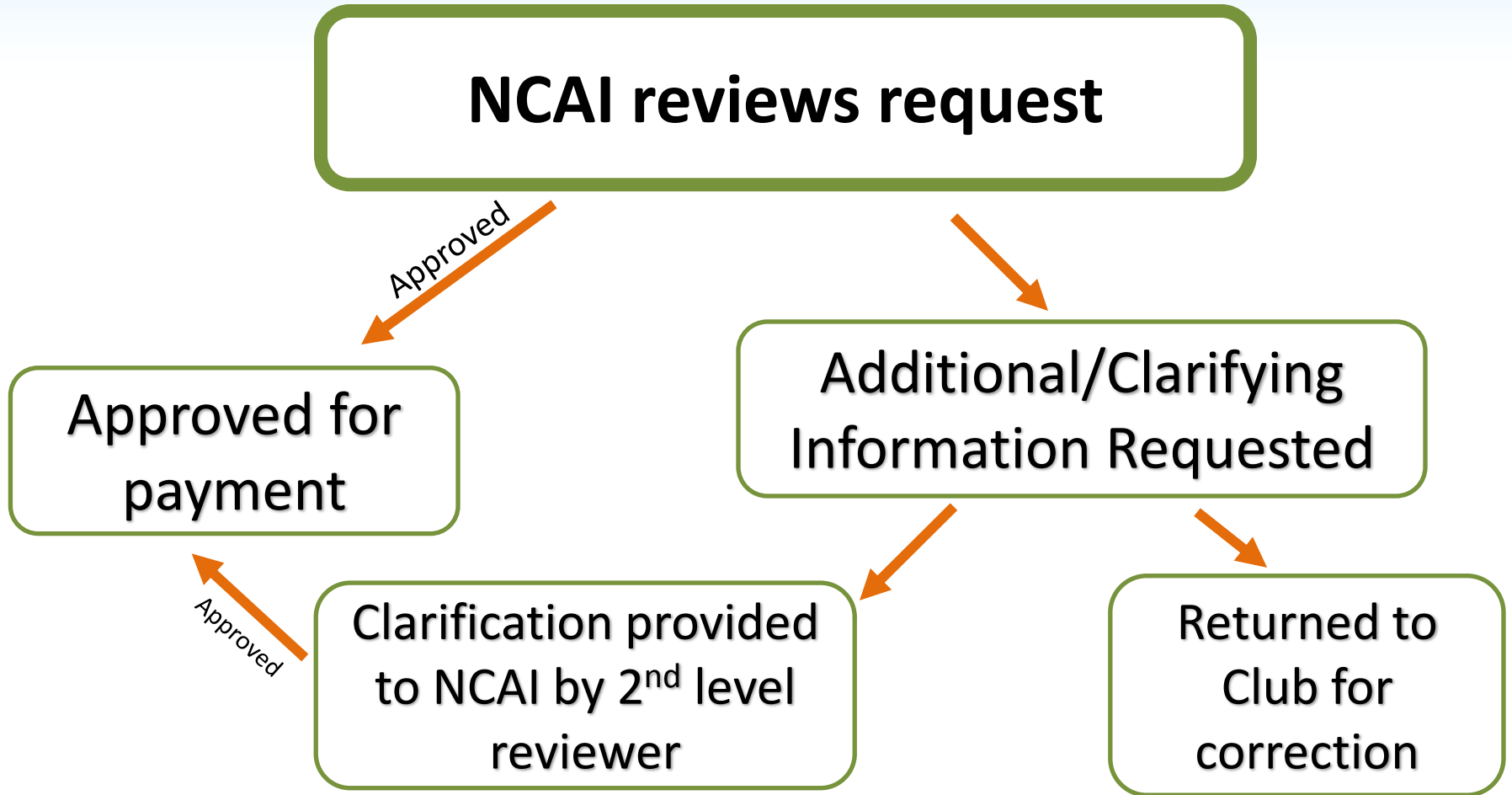
Progresses for
NCAI Review
(3rd /final level review)

Returned to Club for
correction

Reimbursement Request Process



Reimbursement Request Process



Helpful Tips for Submitting a Successful Reimbursement Request

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.
- If insurance costs were included in your budget, request dates need to begin and end as close to the first and last of the month as possible, based on pay period dates.
- Reporting dates for reimbursement requests should not overlap.
- Maximum of 10 pay periods per reimbursement 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.
- Be sure that total hours listed on time sheets/activity reports match hours documented 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

- 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 **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
9/5/2018	Walmart	\$22.38	\$0.00	\$65.75	\$25.00	\$113.13
9/15/2018	Fresh Mart	\$89.15	\$0.00	\$0.00	\$0.00	\$89.15
9/24/2018	Walmart	\$34.86	\$22.15	\$55.75	\$0.00	\$112.76
10/6/2018	Sam's Club	\$78.25	\$0.00	\$0.00	\$52.00	\$130.25
10/16/2018	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 notes regarding the purpose of the supplies purchased as they related 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

SI# 2070 DP# 00000014 TE# 16 TR# 07437
CASH DRAWER 007565683123

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

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

8DGT HH CALC 072854670240

15 AT 1 FOR 0.94 14.10 N

SURVE 004589310867 4.41 N

SURVE 004589310867 4.41 N

SURVE 004589310867 4.41 N

SURVE 004589310867 4.41 N

SURVE 004589310867 4.41 N

SYRUP 076172005110 F 2.52 0

SYRUP 076172005110 F 2.52 0

SYRUP 076172005110 F 2.52 0

SYRUP 076172005110 F 2.52 0

SYRUP 076172005110 F 2.52 0

QU CR/ML YEL 003000003050 F 1.74 0

QU CR/ML YEL 003000003050 F 1.74 0

QU CR/ML YEL 003000003050 F 1.74 0

QU CR/ML YEL 003000003050 F 1.74 0

QU CR/ML YEL 003000003050 F 1.74 0

GLITTER TUB 076594016818 2.71 N

GLITTER SHAKE 076594040931 2.71 N

GLITTER SHAKE 076594040931 2.71 N

GLITTER TUB 076594016818 2.71 N

GLITTER SHAKE 076594040931 2.71 N

SUBTOTAL 160.15

TOTAL 160.15

WALMART CREDIT TEND 160.15

ICCOUNT # **** ** 09 S

IPPROVAL # 017796

REF # 410700884000

EO. # 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*



3.00*

3.00*

2.98*

1.24*

0.97*

0.97*

0.97*

0.97*

3.73*

0.94*

0.94*

0.94*

0.94*

4.41*

2.52*

1.74*

2.71*

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

QU CR/HL YEL 003000003050 F	1.74 0
QU CR/HL YEL 003000003050 F	1.74 0
QU CR/HL YEL 003000003050 F	1.74 0
QU CR/HL YEL 003000003050 F	1.74 0
QU CR/HL YEL 003000003050 F	1.74 0
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

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

Corn Flakes Cereal Chapter 8 Act. 2

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 0
SYRUP 076172005110 F	2.52 0
SYRUP 076172005110 F	2.52 0
SYRUP 076172005110 F	2.52 0
SYRUP 076172005110 F	2.52 0
QU CR/HL YEL 003000003050 F	1.74 0
QU CR/HL YEL 003000003050 F	1.74 0
QU CR/HL YEL 003000003050 F	1.74 0
QU CR/HL YEL 003000003050 F	1.74 0
QU CR/HL YEL 003000003050 F	1.74 0

Hand lotion Chapt. 4 Act. 2

3.00 +
3.00 +
3.98 +
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 +

#20779 16-329-433-5615
 \$176.76 ~~Walmart~~
Walmart
 Save money. Live better.

Save money. Live better.

[illegible]

ACCOUNT # **** * *** **49 05 S
APPROVAL # 004982
REF # 4155 091887
TERMINA' # 16806557

06/04/14 12:48:32

CHANGE DUE 0.00

ITEMS SOLD 90

TC# 9085 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

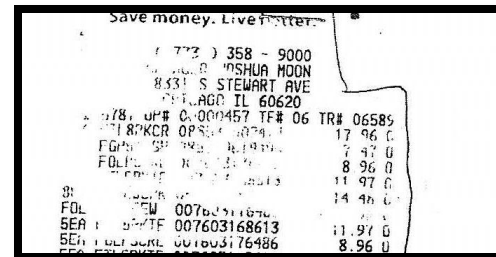


6/12

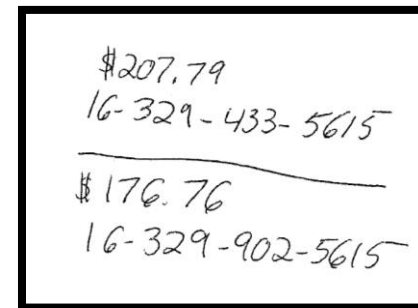
Bad Receipt

This is a bad 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

FAIRY FAIR F 007874028632	4.97 U
240Z 12CTCHO 007874298806 F	6.00 U
12CT ASRT CU 007874298103 F	6.00 U
12CT ASRT CU 007874298103 F	6.00 U
12CT ASRT CU 007874298103 F	6.00 U
12CT ASRT CU 007874298103 F	6.00 U
12CT ASRT CU 007874298103 F	6.00 U

Online Reporting Site

Site Access

- Online Reporting Site
<https://firstpic.force.com/trail>
- Google Chrome is the 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

- 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.

Creating Reimbursement Requests in the on-line reporting site

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



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).

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 Reimbursement Requests

Request ID	Status	Submitted Date
R-53	In Progress	

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

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



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.



HELLO TRAIL FINANCE 2.

Creating a request from 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).

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

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



SUB-GRANTS

Grant:

View All ▾

Sub-Grant Name:

Status:

View All ▾

Sort By:

Name ▾

Update

View All

Export Results

Sub-Grant Name	Awarded	Total Budgeted	Requested Amount	Approved Amount	Balance	Status
BGC Example Land 2018	\$17,620.00	\$0.00	\$0.00	\$0.00	\$0.00	Approved
Example Land TRAIL	\$100,000,000.00	\$0.00	\$0.00	\$0.00	\$100,000,000.00	Pending Approval
NCAI-00-0001-XX	\$34,806.80	\$0.00	\$6,089.37	\$0.00	\$34,806.80	Approved

Select the appropriate sub-grant.

1 - 3 of 3



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

Travel							
Item	Rate	Quantity	Amount Allocated to Grant	Total Requested Amount	Total Approved Amount	Item Balance	Notes
Event Transportation	\$300.00	1.00		\$0.00	\$0.00	\$0.00	+
Mileage	0.545	300.00		\$0.00	\$0.00	\$0.00	+
National Training - Baggage Fees	\$50.00	2.00		\$0.00	\$0.00	\$0.00	+
National Training - Parking	\$12.00	4.00		\$0.00	\$0.00	\$0.00	+

Expense Notes

No Notes from Affiliate

Reviewer Notes:

No Notes from National

Total Expense Budget: \$ 6,011.50

Attachments

No Attachments Found

Upload Attachment

General Notes from National

Reviewer Notes:

No Notes from National

Update Budget

Create Reimbursement

Total Budgeted Amount: \$ 34,806.80

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

A provisional award amount has been provided; however, you are able to create a budget at a greater or lower amount based on the actual needs associated with implementing 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

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.

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





Total Awarded: \$34,806.80

Balance: \$34,806.80

Status: Incomplete

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

1 Enter the total number of hours each employee worked this pay period and the number of those hours worked on the program.

Request Id: R-5424

Organization: BGC Example Land

Personnel Pay Period: 1

Title
Accountant
CPO
Program Assistant
Program Coordinator

Hours this Pay Period	Hours on Grant
80	8
80	7
0.00	0.00
77	12

Hourly/Salary

Salary ▾

Salary ▾

Hourly ▾

Hourly ▾

Rate ?

1345.60

1923.2

20

% Time o

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

4 For Hourly employees, enter their hourly rate.

Attachments

No Attachments Found

2 Ensure this designation is right; correct as necessary.

Upload Attachment

Previous

Update Amounts

Save

Save and Exit

Next

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

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

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.).

Total Requested Amount: \$542.84

I-00-0001-XX

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

Test Id: R-5424

Organization: BGC Example Land

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

Pay Periods: 2

Status: Incomplete

Personnel Pay Period: 1

	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		10.00%	\$134.56	+
Program Assistant	80.00	7.00		8.75%	\$168.28	+
Program Assistant	0.00	0.00		0.00%	\$0.00	+
Program Coordinator	77.00	12.00		15.58%	\$240.00	+

Attachments

Attachments Found

Upload Attachment

Notes for Program Coordinator

Reviewer Notes:
 No Notes from National

Close Save

Enter your notes in the box.
Click Save.

[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

This icon will appear if there are 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%	\$10,764.80	+
CPO	80.00	7.00	Salary ▾	1,923.20	8.75%	\$13,456.00	+
Program Assistant	0.00	0.00	Salary ▾		0.00%	\$0.00	+
Program Coordinator	77.00	12.00	Salary ▾	20.00	15.58%	\$2,400.00	+

Attachments

No Attachments Found

Upload Attachment

Click the “Upload Attachment” button to attach the required supporting documentation.
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.

Previous

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

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



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	10.00%	\$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:

Close Save and Close Upload New Attachment

1

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

Notes:

No notes are needed here.

2

Click "Upload New Attachment"



Total Awarded: \$34,806.80

Balance: \$34,806.80

NCAI-00-0001-XX

Request Id: R-5424

Organization: BGC Example Land

Date Range:

Complete

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	% Time on Grant this Pay Period	Total Pay Requested	Notes
Accountant	80.00	8.00		\$134.56	+
CPO	68.00	7.00		\$168.28	+
Program Assistant		1.00		\$0.00	+
Program Coordinator		2.00		\$3.12	

Add New Document

File Name:

Choose File | No file chosen

File size is limited to 5mb. Please upload PDF's ONLY.

Upload

Attachments

No Attachments Found

Upload Attachment

Previous

Update Attachment

Total Requested Personnel: \$305.96

1

If you would like to rename the file for the upload (this is **optional**), type in the new name here.

(If renaming, please include *.pdf* at the end of the name)

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

When you are done, click "Close."

5

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

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



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 Page

Title	Hours on Grant	Hourly/Salary	Rate ?	% Time on Grant this Pay Period	Total Pay Requested	Notes
Accountant	8.00	Salary ▾	1,345.60	10.00%	\$134.56	+
CPO	7.00	Salary ▾	1,345.60	8.75%	\$168.28	+
Program Assis	0.00	Salary ▾	1,345.60	0.00%	\$0.00	+
Program Coord	12.00	Salary ▾	1,345.60	15.58%	\$3.12	🗨

Attachments

Name	Notes
🗑 Payroll	
🗑 Timesheet	

Upload Attachment

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.

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

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

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 **must** 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 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: Federal funds cannot be used to pay overtime.)
- Total hours worked 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 **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. 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 **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. 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., 9/2 – 9/15 Pay Period 1; 9/16 – 9/29 Pay Period 2; 9/30 – 10/13 Pay Period 3)
- 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.
- It is very helpful for reviewers processing a request if supporting documents are scanned in the same order that staff are listed on the request.

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 Accountant	<div>Medical</div> <div>FICA</div> <div>%</div>	<div>SUTA</div>	<div>Workers Comp</div>	<div>Retirement</div>	<div>Other</div>	<div>Life</div>	<div>Other</div>	Notes +
						Total Benefits Requested	\$0.00	
						Hours Towards Grant	Percent Towards Grant	Salary Requested
						8.00	5.000%	\$134.56

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

Title CPO	<div>Medical</div> <div>FICA</div> <div>%</div>	<div>Dental</div> <div>SUTA</div>	<div>Vision</div> <div>Workers Comp</div>	<div>Short Term</div> <div>Retirement</div>	<div>Long Term</div> <div>Other</div>	<div>Life</div>	<div>Other</div>	Notes +
						Total Benefits Requested	\$0.00	
						Hours Towards Grant	Percent Towards Grant	Salary Requested
						0.00	0.000%	\$168.28

Title Program Assistant	<div>Medical</div> <div>FICA</div> <div>%</div>	<div>Dental</div> <div>SUTA</div>	<div>Vision</div> <div>Workers Comp</div>	<div>Short Term</div> <div>Retirement</div>	<div>Long Term</div> <div>Other</div>	<div>Life</div>	<div>Other</div>	Notes +
						Total Benefits Requested	\$0.00	
						Hours Towards Grant	Percent Towards Grant	Salary Requested
						0.00	0.000%	\$0.00

Title Program Coordinator	<div>Medical</div> <div>FICA</div> <div>%</div>	<div>Dental</div> <div>SUTA</div>	<div>Vision</div> <div>Workers Comp</div>	<div>Short Term</div> <div>Retirement</div>	<div>Long Term</div> <div>Other</div>	<div>Life</div>	<div>Other</div>	Notes +
						Total Benefits Requested	\$0.00	
						Hours Towards Grant	Percent Towards Grant	Salary Requested

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 costs are adjusted (e.g., subtracting employee contributions), an 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 covered period of time on the documentation showing your WC, SUTA, etc. rates expires before 8/31/2019, new documentation will need to be uploaded to your budget verifying the correct rate.
- 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

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 Items will be pulled in from the approved budget.

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		+	

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		+	

Balance (not including pending requests) \$0.00

Total Budgeted \$0.00

Total Requested (this reimbursement) \$0.00

Balance (not including pending requests) \$0.00

Total Budgeted \$0.00

Event Transportation	0.00	1.00	+	⊖
Mileage		1.00	+	⊖
National Tr		1.00	+	⊖
National Tr		1.00	+	⊖

Enter the Rate (\$) and Quantity (number of items) for the items you are requesting.
Please note: When purchasing a variety of items as with Healthy Foods or Supplies, this may be entered as total lump sum cost (rate) with 1 (quantity).

Notes are required 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 would also be included here.

Total Requested (this reimbursement)		Balance	
\$0.00			

Contract S

Item

Healthy Co

Physical Fit

Quantity	1.00	1.00
Total Requested (this reimbursement)	\$0.00	

Equipment

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Laptop	750.64	1.00			
Total Requested (this reimbursement)		Balance (not including pending requests)		Total Budgeted	
\$0.00		\$0.00		\$0.00	

Update Amounts

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	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	+		
Mileage	<input type="text"/>	<input type="text" value="1.00"/>	+		
National Training - Baggage Fees	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	+		
National Training - Parking	<input type="text" value="0.00"/>	<input type="text" value="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	<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"/>		+	🔒
		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	<input type="text" value="750.64"/>	<input type="text" value="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

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.



Event Transportation
Mileage
National Training - Baggage Fees
National Training - Parking

0.00	1.00	+	0
	1.00	+	0
0.00	1.00	+	0
0.00	1.00	+	0

Total Requested
(this reimbursement)
\$0.00

Balance

Total Budgeted

Contract Specialist

Item
Healthy Cooking Demonstration
Physical Fitness/Sports Instruction

Upload New Attachment

File Name:

Choose File

No file chosen

Upload

1

If you would like to rename the file for the upload (this is optional), type in the new name here.
(If renaming, please include .pdf at the end of the name)

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

When you are done, click "Close."

Close

Equipment

Item
Laptop

Update Amount

Attachments

No Attachments Found





Upload Attachment

Previous Save Save and Exit Review and Submit

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

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

Total Requested Amount: \$305.96

Event Transportation	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	+		
Mileage	<input type="text"/>	<input type="text" value="1.00"/>	+		
National Training - Baggage Fees	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	+		
National Training - Parking	<input type="text" value="0.00"/>	<input type="text" value="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	<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"/>		+	🔍
		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	<input type="text" value="750.64"/>	<input type="text" value="1.00"/>		🗨️	🔍 📄 doc20170821091936.pdf 8/31/2018 1:04 PM
		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

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

Event Transportation	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	+	🔒
Mileage	<input type="text"/>	<input type="text" value="1.00"/>	+	🔒
National Training - Baggage Fees	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	+	🔒
National Training - Parking	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	+	🔒
		Total Requested (this reimbursement)	Balance (not including pending requests)	Total Budgeted
		\$0.00	\$0.00	\$0.00

Contract Specialist				
Item	Rate	Quantity	Amount Requested	Notes Attachments
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"/>	+	🔒
		Total Requested (this reimbursement)	Balance (not including pending requests)	Total Budgeted
		\$0.00	\$0.00	\$0.00

Equipment				
Item	Rate	Quantity	Amount Requested	Notes Attachments
Laptop	<input type="text" value="750.64"/>	<input type="text" value="1.00"/>		🗨️ 🔒
		Total Requested (this reimbursement)	Balance (not including pending requests)	Total Budgeted
		\$0.00	\$0.00	\$0.00

You can check your request totals here.

Attachments

No Attachments Found

Previous

Save

Save and Exit

Review and Submit

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:

2

Status:

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-5424Organization: BGC Example LandDate Range: 01/01/2018 - 01/31/2018Pay Periods: 2Status: Pending First Approval

Personnel Pay Period: 1

Title	Hours this Pay Period	Once you hit submit, the Status will change to "Pending First Approval."				Hours this Pay Period	Total Pay Requested	Notes
Accountant	80.00					0%	\$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	

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

All In Progress	
Request Id	Sub-Grant Name
R-5379	Example Land TRAIL
R-5424	NCAI-00-0001-XX

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.”

Request Id: Grant:

Status: Sort By:

Status
Incomplete
Pending Approval

1 - 2 of 2 « ‹ › »

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	Hours on Grant	Hourly/Salary	Rate ?	% Time on Grant this Pay 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	+

Attachments

Name	Notes	View Attachment(s)
------	-------	--------------------

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."

Total Personnel Requested: \$305.96 ?

Submitted Personnel Balance: \$-2,603.45 ?

Personnel Balance: \$0.00 ?

Personnel Budgeted: \$0.00 ?

Fringe Benefits

Equipment

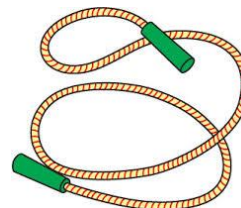


Equipment

- 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.

*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 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 *for T.R.A.I.L. participants*. (refer to the allowable/non-allowable list provided)
 - 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

National Training

- Mileage (R/T airport or R/T training as applicable)
 - mileage log/Google map needed
 - travel by personnel vehicle - maximum \$0.58/mile
 - travel by Club vehicle - gas receipts needed
- Taxi/shuttle/Uber to and from the airport
- Baggage fees - standard charged by airline
- Airport parking

Itemized receipts are needed for all expenses, with the exception of mileage.

*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 (\$.58/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

Field Trip!



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 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: cost should be reasonable (may not exceed \$1,000; however; less than \$800 preferred)

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

Examples of Allowable & Unallowable 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.

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. Specific expenses for travel to required National Training.

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.

Budget Monitoring



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

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