



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



Diabetes Prevention

**Budget Revision Requests  
and Uploading Supporting  
Documents for your Budget**

# Uploading Supporting Documents to your Budget

## Process

(when additional budget revisions are **not** needed)



HELLO EXAMPLE PERSON.

**Incomplete Sub-Grants**

No Incomplete Sub-Grants Found

**Incomplete Progress Reports**

Report Name	Site	Status	Submitted Date
ES Q1 Progress Report	Example Site	In Progress	

**Incomplete Reimbursements**

No Reimbursements Found

**Incomplete PA Logs**

Report Title	Site	Month	Year	Status
March 2018 PA Logs	Example Site	March	2018	Not Started

Sub-Grants

To upload supporting documents to your approved budget, select "Sub-grants" from the Grants dropdown.



## SUB-GRANTS

Grant:  Sub-Grant Name:

Status:  Sort By:

View All

Sub-Grant Name	Awarded	Total Budgeted	Requested Amount	Approved Amount	Balance	Status
<a href="#">NCAI-00-000-EX-ZZ</a>	\$18,000.00	\$18,000.00	\$2,008.88	\$2,008.88	\$15,991.12	Approved

1 - 1 of 1

Click on the sub-grant for which you are uploading a document.

NCAI-00-000-AA-ZZ

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

Update Budget

**Organization:** BGC of Example Land    **Date Range:** 10/5/2017 - 8/31/2018    **Duration:** 331.00    **Status:** Approved

**Total Budgeted:** \$18,000.00    **Requested Amount:** \$1,105.54    **Approved Amount:** \$1,105.54    **Balance:** \$16,894.46

Personnel

Title	Hourly/Salary	Rate/Salary	Wks on Grant	% on Grant	Amount Allocated	Requested Amount	Approved Amount	Balance	Notes
Accountant	✓ Salary	\$26,000.00	40.00	2.0%	\$398.93	\$69.64	\$26.31	\$372.62	
CPO	✓ Salary	\$33,800.00	47.29	3.0%	\$919.68	\$111.58	\$27.08	\$892.60	
Program Assistant	✓ Hourly	\$9.25	14.00	25.0%	\$647.50	\$92.50	\$92.50	\$555.00	
Program Coordinator	✓ Hourly	\$13.00	34.00	50.0%	\$8,840.00	\$1,560.00	\$520.00	\$8,320.00	

Fringe Benefits

Scroll to the bottom of the page.

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other			
Accountant	7.650%	\$30.52	0.200%	\$0.80	0.200%	\$0.80	0.200%	\$0.80		
<b>New Fringe Benefits</b>		<b>Benefits Allocated to Grant</b>		<b>Requested Benefits</b>		<b>Approved Benefits</b>		<b>Balance</b>		
\$33.71		\$33.71		\$2.22		\$2.22		\$31.49		
CPO	Medical \$3,900.00	Dental \$106.12	Vision \$360.00	Short Term \$9.80	Long Term	Life	Other \$1,200.00	\$32.65		
FICA	7.650%	\$70.36	SUTA 0.200%	\$1.84	Workers Comp 0.200%	\$1.84	Retirement 0.200%	\$1.84	Other 0.200%	\$1.84
<b>New Fringe Benefits</b>		<b>Benefits Allocated to Grant</b>		<b>Requested Benefits</b>		<b>Approved Benefits</b>		<b>Balance</b>		
\$226.28		\$226.28		\$11.41		\$11.41		\$214.87		
Program Assistant	Medical	Dental	Vision	Short Term	Long Term	Life	Other			
FICA	7.650%	\$49.53	SUTA	Workers Comp	Retirement	Other				
<b>New Fringe Benefits</b>		<b>Benefits Allocated to Grant</b>		<b>Requested Benefits</b>		<b>Approved Benefits</b>		<b>Balance</b>		



No Notes from Affiliate

**Reviewer Notes:**

No Notes from National

Total Expense Budget: \$ 6,137.39

**Attachments**

Name	Notes	Edit	View Attachment(s)
Workers Comp			UserRequest-Personnel.pdf

Upload Attachment

Click "Upload Attachment" to add a document to the budget.

**General Notes from National**

**Reviewer Notes:**

No Notes from National

Update Budget

Create Reimbursement

Total Budgeted Amount: \$ 18,000.00

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



No Notes from Affiliate

**Reviewer Notes:**

No Notes from National

Total Expense Budget: \$ 6,137.39

**Attachments**

**Name**

Workers Comp

Upload Attachment

Add New Document

- Workers Con ▾
- Workers Comp**
- SUTA
- Pension
- Other

1

Select the type of document you are uploading: Workers Comp, SUTA, Pension, or Other.

WC, SUTA, and Pension are the most common documents needed here, which is why they are listed out. Other is the catch all for any other document that may be needed.

Close

Save and Close

Upload New Attachment

**General Notes from N**

**Reviewer Notes:**

No Notes from National

Update Budget

Create Reimbursement

Total Budgeted Amount: \$ 18,000.00

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



No Notes from Affiliate

**Reviewer Notes:**

No Notes from National

Total Expense Budget: \$ 6,137.39

**Attachments**

**Name**

Workers Comp

Upload Attachment

**General Notes from N**

**Reviewer Notes:**

No Notes from National

Update Budget

Create Reimbursement

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

**Add New Document**

SUTA ▾

**Notes:**

Close

Save and Close

Upload New Attachment

2

Click "Upload New Attachment"



No Notes from Affiliate

**Reviewer Notes:**

No Notes from National

**Attachments**

**Name**

Workers Comp

Upload Attachment

**General Notes from N**

**Reviewer Notes:**

No Notes from National

Update Budget

Create Reimbursement

Amount: \$ 18,000.00

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

Add New Document

File Name:

Choose File

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

Upload

Close

If you would like to rename the file for the upload, type in the new name here. Otherwise it will have the same as the file that is uploaded.

It is helpful if you rename the file to end with ".pdf" as some systems have challenges opening the file when renamed without this format label.

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

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



No Notes from Affiliate

**Reviewer Notes:**

No Notes from National

**Attachments**

**Name**

Workers Comp

Upload Attachment

**General Notes from N**

Add New Document

Attachment uploaded successfully. Click "Choose File" to upload another attachment, or "Close" if you are finished.

File Name:

Choose File No file chosen

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

Upload

Close

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

1

When you are done, click "Close."

2

3

If you choose to upload another file at this point, it will come under the same document type (e.g., WC, SUTA, etc.) as the already uploaded file. To upload another document of a different type, you will need to click Close and then Upload Attachment again.

Budget: \$ 6,137.39

Amount: \$ 18,000.00

order to implement the T.R.A.I.L. program.



No Notes from Affiliate

**Reviewer Notes:**

No Notes from National

Total Expense Budget: \$ 6,137.39

**Attachments**

Name	Notes	Edit	View Attachment(s)
SUTA			<a href="#">TestDocumentation.pdf</a>
Workers Comp			<a href="#">UserRequest-Personnel.pdf</a>

Upload Attachment

To view an uploaded file, click on the link for the document under "View Attachment(s)."

**General Notes from National**

**Reviewer Notes:**

No Notes from National

If you need to delete an attachment (e.g., uploaded the incorrect document), please contact a T.R.A.I.L. finance team member at FirstPic for assistance.

Update Budget

Create Reimbursement

Total Budgeted Amount: \$ 18,000.00

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

# **Budget Revision Request**

## **Helpful Tips and Process**

# Budget Revision Request

## Helpful tips:

- Before submitting a request for a budget revision, please reach out to a T.R.A.I.L. finance team member at FirstPic to determine if a revision is needed.
- While a budget revision request is in progress, you will **NOT** be able to submit a reimbursement request until it receives final approval.
- Budget revision requests must be submitted and processed through the new [T.R.A.I.L. online reporting site](#).

# Budget Revision Request

## Reasons for requesting a budget revision:

- A new line item needs to be added to a budget category.
- A budget category will be overspent by more than 10%.



HELLO EXAMPLE PERSON.

**Incomplete Sub-Grants**

No Incomplete Sub-Grants Found

**Incomplete Progress Reports**

Report Name	Site	Status	Submitted Date
<a href="#">ES Q1 Progress Report</a>	<a href="#">Example Site</a>	In Progress	

Sub-Grants

**Incomplete Reimbursements**

No Reimbursements Found

**Incomplete PA Logs**

Report Title	Site	Month	Year	Status
<a href="#">March 2018 PA Logs</a>	<a href="#">Example Site</a>	March	2018	Not Started

To submit a request for a budget revision, select "Sub-grants" from the Grants dropdown.



## SUB-GRANTS

Grant:  Sub-Grant Name:

Status:  Sort By:

View All

Sub-Grant Name	Awarded	Total Budgeted	Requested Amount	Approved Amount	Balance	Status
NCAI-00-000-EX-ZZ	\$18,000.00	\$18,000.00	\$2,008.88	\$2,008.88	\$15,991.12	Approved

1 - 1 of 1

Click on the sub-grant you want to revise.

NCAI-00-000-AA-ZZ

AWARDED: \$18,000.00

Click "Update Budget" to create a budget revision request.

**Please note:** do **not** do a 'budget update' to **only** upload new/additional supporting documents to the budget.

Update Budget

Organization: BGC of Example Land

Total Budgeted: \$18,000.00

Personnel

Title	Hourly/Salary	Rate/Salary	Wks on Grant	% on Grant	Amount Allocated	Requested Amount	Approved Amount	Balance	Notes
Accountant	✓ Salary	\$26,000.00	40.00	2.0%	\$398.93	\$69.64	\$26.31	\$372.62	
CPO	✓ Salary	\$33,800.00	47.29	3.0%	\$919.68	\$111.58	\$27.08	\$892.60	
Program Assistant	✓ Hourly	\$9.25	14.00	25.0%	\$647.50	\$92.50	\$92.50	\$555.00	
Program Coordinator	✓ Hourly	\$13.00	34.00	50.0%	\$8,840.00	\$1,560.00	\$520.00	\$8,320.00	

Fringe Benefits

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	
Accountant	FICA 7.650%	SUTA 0.200%	Workers Comp 0.200%	Retirement 0.200%	Other 0.200%			
	\$30.52	\$0.80	\$0.80	\$0.80	\$0.80			
	New Fringe Benefits \$33.71		Benefits Allocated to Grant \$33.71		Requested Benefits \$2.22		Approved Benefits \$2.22	Balance \$31.49
CPO	FICA 7.650%	SUTA 0.200%	Workers Comp 0.200%	Retirement 0.200%	Other 0.200%			
	\$106.12	\$9.80	\$1.84	\$1.84	\$1.84			
	New Fringe Benefits \$226.28		Benefits Allocated to Grant \$226.28		Requested Benefits \$11.41		Approved Benefits \$11.41	Balance \$214.87
Program Assistant	FICA 7.650%	SUTA	Workers Comp	Retirement	Other			
	\$49.53							
	New Fringe Benefits		Benefits Allocated to Grant		Requested Benefits		Approved Benefits	Balance

NCAI-00-000-AA-ZZ

TOTAL AWARDED: \$18,000.00

1 You can enter new amounts for the various fields, or change an employee from Salary to Hourly (or vice versa).

Please note that a budget update is **NOT** needed to change an employee from Salary to Hourly (or vice versa). These changes can be made when submitting for reimbursement requests.

2 For **hourly** employees, enter their *hourly rate*.  
For **salary** employees, enter their *annual salary*.

3 Click on the Notes icon to view or edit notes for an employee. Notes included for each line item should describe the work the employee will be doing, and how it will benefit the T.R.A.I.L. program.

This is **NOT** where you will enter notes regarding the reasons for the requested revision.

Personnel							
Title	Hourly/Salary Rate/Salary	Total H					Notes
<input type="checkbox"/> Accountant	Salary 26,000.00	40.00					
<input type="checkbox"/> CPO	Salary 33,800.00	40.00					
<input type="checkbox"/> Program Assistan	Hourly 9.25	20.00					
<input type="checkbox"/> Program Coordin	Hourly 13.00	40.00	20.00	34.00	50.0%	\$8,840.00	

  

Fringe Benefit		Short Term	Long Term	Life	Other
Title Accountant					
Title CPO	3.90 \$106.12 360.1 \$9.80				
	FICA 7.65% \$70.36 SUTA 0.20% \$1.84	Workers Comp 0.20			
Title Program Assistant	Medical Dental Vision				
	FICA 7.65% \$49.53 SUTA %	Workers Comp % Retirement % Other %	Benefits Allocated to Grant \$49.53		
Title Program Coordinator	Medical Dental Vision	Short Term	Long Term	Life	Other



NCAI-00-000-AA-ZZ

TOTAL AWARDED: \$18,000.00

Personnel

Title	Hourly/Sala	on Grant	% on Grant	Amount Allocated	Notes
<input checked="" type="checkbox"/> Accountant	Salary 26,000.00	40.00	0.80	40.00 \$398.93	
<input type="checkbox"/> CPO	Salary 33,800.00	40.00	1.20	47.29 \$919.68	
<input type="checkbox"/> Program Assistan	Hourly 9.25	20.00	5.00	14.00 \$647.50	
<input type="checkbox"/> Program Coordinat	Hourly 13.00	40.00	20.00	34.00 \$8,840.00	

To mark an employee as “inactive,” check the box next to the title and click “Mark Inactive.” Do not “0” out information entered for this position.

Mark Inactive

Fringe Benefits

Title Accountant	Medical <input type="checkbox"/>	FICA 7.65% \$3	Other <input type="checkbox"/>	Benefits Allocated to Grant \$33.71			
Title CPO	Medical <input type="checkbox"/>	Dental 3.90 \$106.12	Vision 360.0 \$9.80	Short Term <input type="checkbox"/>	Long Term <input type="checkbox"/>	Life <input type="checkbox"/>	Other 1.20 \$32.65

Please note that you are not able to delete personnel, instead you may mark them as inactive. Marking an employee as inactive will mean that you can no longer reimburse for them. However, any funds already reimbursed for this position will stay obligated in your budget.

**Note:** You should not deactivate a line item if there are expenses submitted and pending approval for this line item. You will need to either wait for the applicable reimbursement request(s) to be approved, or delete them, in order for a budget revision request to be processed in this situation.

Title Program	Medical <input type="checkbox"/>	Dental <input type="checkbox"/>	Vision <input type="checkbox"/>	Short Term <input type="checkbox"/>	Long Term <input type="checkbox"/>	Life <input type="checkbox"/>	Other <input type="checkbox"/>	7.65% \$49.53	\$49.53
Title Program	Medical <input type="checkbox"/>	Dental <input type="checkbox"/>	Vision <input type="checkbox"/>	Short Term <input type="checkbox"/>	Long Term <input type="checkbox"/>	Life <input type="checkbox"/>	Other <input type="checkbox"/>		



NCAI-00-000-AA-ZZ

TOTAL AWARDED: \$18,000.00

**Personnel**

Mark Inactive

Title	Hourly/Salary	Rate/Salary	Total Hrs/Wk	Grant Hrs/Wk	Wks on Grant	% on Grant	Amount Allocated	Notes
<input type="checkbox"/> Accountant	Salary	\$26,000.00	40.00	0.80	40.00	2.0%	\$26.31	
<input checked="" type="checkbox"/> CPO	Salary	33,800.00	40.00	1.20	47.29	3.0%	\$919.68	
<input checked="" type="checkbox"/> Program Assistant	Hourly	9.25	20.00	5.00	14.00	25.0%	\$647.50	
<input checked="" type="checkbox"/> Program Coordinator	Hourly	13.00				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 \$30.52	SUTA \$0.80	Workers Comp \$0.80	Retirement \$0.80	Other \$0.80		Benefits Allocated to Grant \$2.22
CPO	3,90 \$106.12	360.1 \$9.80					1,20 \$32.65
	FICA 7.65% \$70.36	SUTA 0.20% \$1.84	Workers Comp 0.20% \$1.84	Retirement 0.20% \$1.84	Other 0.20% \$1.84		Benefits Allocated to Grant \$226.28
Program Assistant							
	FICA 7.65% \$49.53	SUTA % \$	Workers Comp % \$	Retirement % \$	Other % \$		Benefits Allocated to Grant \$49.53
Program Coordinator							



NCAI-00-000-AA-ZZ

TOTAL AWARDED: \$18,000.00

Personnel

Mark Inactive

Title	Hourly/Salary Rate/Salary	Total Hrs/Wk	Grant Hrs/Wk	Wks on Grant	% on Grant	Amount Allocated	Notes
<input type="checkbox"/> Accountant	Salary \$26,000.00	40.00	0.80	40.00	2.0%	\$26.31	
<input type="checkbox"/> CPO	Salary 33,800.00	40.00	1.20	47.29	3.0%	\$919.68	
<input type="checkbox"/> Program Assistant	Hourly 9.25	20.00	5.00	14.00	25.0%	\$647.50	
<input type="checkbox"/> Program Coordinator	Hourly 13.00	40.00	20.00	34.00	50.0%	\$8,840.00	

Fringe Benefits

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Benefits Allocated to Grant
Accountant								
CPO	3,90	\$106.12	360.1	\$9.80			1,20	\$32.65
	FICA 7.65 %	SUTA 0.20 %	Workers Comp 0.20 %	Retirement 0.20 %	Other 0.20 %			\$226.28

1 For the budget, premiums are entered as an **annual amount**.

2 Percentage-based fringe is entered as the percentage, not as a decimal (e.g. FICA is 7.65, not .0765).

Supporting documentation needs to be uploaded to the budget for percentage based fringe with the exception of FICA (ex: Worker's Compensation, SUTA, etc).



7.65 % \$49.53  %  %  %  % \$49.53

Title  
Program  
Coordinator

Medical  Dental  Vision  Short Term  Long Term  Life  Other

FICA  7.65 % \$676.26 SUTA  0.20 % \$17.68 Workers Comp  0.20 % \$17.68 Retirement  0.20 % \$17.68 Other  0.20 % \$17.68 Benefits Allocated to Grant \$746.98

Update Amounts

To add a new staff line item, click the "Add" button in the "Add Personnel" box.

Add Personnel

Delete

Add

Update Amounts

Personnel & Fringe Notes

Reviewer Notes:  
No Notes from National

Update Amounts Save Next

Total Personnel and Fringe Budget: \$ 11,862.61  
Total Expense Budget: \$ 6,137.39  
Total Budget Amount: \$ 18,000.00



Update Amounts

Enter the employee title (not their name).

Add Personnel

Delete

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="text"/>	Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>	47.29	<input type="text"/>	<input type="text"/>	+
<input type="checkbox"/> Medical <input type="checkbox"/> FICA %	<input type="checkbox"/> Dental <input type="checkbox"/> SUTA %	<input type="checkbox"/> Vision <input type="checkbox"/> Workers Comp %	<input type="checkbox"/> Short Term <input type="checkbox"/> Retirement %	<input type="checkbox"/> Long Term <input type="checkbox"/> Retirement %	<input type="checkbox"/> Life <input type="checkbox"/> Retirement %	<input type="checkbox"/> Other <input type="checkbox"/> Retirement %	<input type="text"/> Benefits Allocated to Grant	

1

2

3

Select whether the employee is hourly or salaried.

For **hourly** employees, enter their *hourly rate*.  
For **salary** employees, enter their *annual salary*.

Personnel & Fringe Notes

**Please Note:** Administrative/finance staff/etc. who are indirectly assisting with fulfilling program requirements (e.g., Accountant, CEO, etc.) cannot charge more than 10% of their salary/time to the T.R.A.I.L. program

Reviewer Notes:  
No Notes from National



Update Amounts

Enter the total number of hours that the employee works per week.

Add Personnel

Delete

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"/>	<input type="text"/>	Salary	<input type="text"/>	<input type="text"/>	47.29			+
<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Short Term	<input type="checkbox"/> Long Term	<input type="checkbox"/> Life	<b>Benefits Allocated to Grant</b>		
<input type="checkbox"/> FICA	<input type="checkbox"/> SUTA	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Retirement	<input type="checkbox"/> Other				
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %				

1

2

3

Enter the number of hours the employee works on the program each week.

Enter the number of weeks the employee will work on the grant. It will default to the grant length, but can be changed.

Personnel & Fringe Notes

**Please Note:** Not all employees will be working on the program for the entire grant year. Therefore, when adding a new employee, the “# Weeks on Grant” must align and be within the remaining number of weeks left within the grant year.

Reviewer Notes:

No Notes from National



On the top line of the fringe benefits, enter the **annual premium** for benefits paid as a set rate.

**Example:** Employer pays \$500 per month towards the Medical Insurance for this employee: \$500 x 12 mos. = \$6,000 annual premium (enter 6,000 in the Medical box)

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"/>	Salary				47.29			+
<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Short Term	<input type="checkbox"/> Long Term	<input type="checkbox"/> Life	<input type="checkbox"/> Other		
<input type="checkbox"/> FICA	<input type="checkbox"/> SUTA	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Retirement	<input type="checkbox"/> Other	Benefits Allocated to Grant			
<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %				

1

2

3

On the bottom line of fringe benefits, enter the **percentage** amount (e.g., FICA = 7.65)

If entering an amount for "Other" provide information noting what this is here.

**The system will automatically calculate the amount allocated to the grant based on information entered in the payroll section and here.**



Update Amounts

### Add Personnel

Delete



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"/>	Salary ▾				47.29			+
<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Short Term	<input type="checkbox"/> Long Term	<input type="checkbox"/> Life	<input type="checkbox"/> Other	Benefits Allocated to Grant	
<input type="checkbox"/> FICA %	<input type="checkbox"/> SUTA %	<input type="checkbox"/> Workers Comp %	<input type="checkbox"/> Retirement %	<input type="checkbox"/> Other %				

Do not leave any empty items in the Add box. The system will try to save it for you and it will show up as an line item with a random string of numbers and letters as its title in your budget. Select these empty line items in the Add box and hit delete **before** saving or moving forward.

### Personnel & Fringe Notes

### Reviewer Notes:

No Notes from National



7.65 % \$49.53 % % % % \$49.53

Title Program Coordinator  
Medical Dental Vision Short Term Long Term Life Other

FICA SUTA Workers Comp Retirement Other Benefits Allocated to Grant  
7.65 % \$676.26 0.20 % \$17.68 0

Notes included in the "Personnel & Fringe Notes" **must** specify all changes made to the "Personnel" and/or "Fringe Benefits" section and the reasons for the revision request.

Update Amounts

Add Personnel

Delete

You can add general Personnel & Fringe notes here.

Add Update Amounts

1

Personnel & Fringe Notes

[Empty text area for Personnel & Fringe Notes]

Reviewer Notes:  
No Notes from National

Any notes from the reviewer will appear here. These might include revisions needed if the budget has been sent back for adjustment or corrections.

2

Update Amounts Save Next

62.61  
37.39  
00.00

# Personnel & Fringe Notes

**Notes included in the “Personnel & Fringe Notes” section should include the following:**

- The date of the budget revision
- WHY you are making a reduction to a line item in the “Personnel” and/or “Fringe Benefits” section. (Why does this reduction *not* negatively impact the T.R.A.I.L. program?)
- WHY you need to increase the amount of a line item in the “Personnel” and/or “Fringe Benefits” section. (Rationale must be applicable to the successful implementation of the T.R.A.I.L. program.)
- WHY you need to add a new line item to the “Personnel” and/or “Fringe Benefits” section, if applicable.
- HOW do the change(s) relate to the successful implementation of the T.R.A.I.L. program?

An explanation needs to be provided for ALL of the *increases* and the *decreases* being requested.

# Personnel & Fringe Notes

## Sample note:

5/7/18: We are requesting a budget revision in order to reallocate money previously budgeted in Personnel to Supplies. We have deactivated the Program Aide because that assistance is no longer needed to successfully implement the program now that many of the major components of the program have been completed. Please see Expense Notes for how this money was reallocated to better accomplish program initiatives.



	<input type="text" value="7.65"/> % \$49.53	<input type="text" value=""/> %	<input type="text" value=""/> %	<input type="text" value=""/> %	\$49.53			
<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>Program</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Coordinator</b>	<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>Benefits Allocated to Grant</b>		
	<input type="text" value="7.65"/> % \$676.26	<input type="text" value="0.20"/> % \$17.68			\$746.98			

**Add Personnel**

---

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

Totals for the budget are displayed at the bottom right. They are updated when you click Update Amounts at the bottom of the page, when you save, and when you move from page to page.

**Reviewer Notes:**  
No N from National

**Total Personnel and Fringe Budget: \$ 11,458.50**  
**Total Expense Budget: \$ 6,137.39**  
**Total Budget Amount: \$ 17,595.89**

1

2



	<input type="text" value="7.65"/> % \$49.53	<input type="text" value=""/> %	<input type="text" value=""/> %	<input type="text" value=""/> %	\$49.53			
<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>Program</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Coordinator</b>	<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>Benefits Allocated to Grant</b>		
	<input type="text" value="7.65"/> % \$676.26	<input type="text" value="0.20"/> % \$17.68			\$746.98			

**Add Personnel**

**Personnel & Fringe Notes**

**Reviewer Notes:**  
No Notes from National

Click "Save" to save changes. When you save, items from the Add box will move up to the top Personnel and Fringe boxes.

Click "Next" to go on to Expenses. Any changes you have made will automatically save when you hit Next.

...d Fringe Budget: \$ 11,458.50  
Expense Budget: \$ 6,137.39  
Budget Amount: \$ 17,595.89



NCAI-00-000-EX-ZZ

TOTAL AWARDED: \$18,000.00

This is the Expenses page. As with Personnel, you can change values, mark items as inactive, or make/edit Notes.

Expenses

Mark Inactive

Contract Specialist

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

Reminder: Line item notes should include a description of the expense item and how it is used for/supports the T.R.A.I.L. program.

Equipment

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

**Note:** You should not deactivate a line item if there are expenses submitted and pending approval for this line item. You will need to either wait for the applicable reimbursement request(s) to be approved, or delete them, in order for a budget revision request to be processed in this situation.

Other Costs

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/> Swimming	150.00	1.00	\$150.00	

Supplies

Item	Rate	Quantity	Amount Allocated to Grant	Notes
------	------	----------	---------------------------	-------



Add Expenses

Delete

Item	Category	Rate	Quantity	Amount Allocated to Grant	Notes
------	----------	------	----------	---------------------------	-------

Add Expense

Add Mileage

Update Amounts

Expense Notes

Reviewer Notes:  
No Notes from National

Attachments

Name	Notes	Edit	View A
SUTA			TestDo
Workers Comp			UserRe

Upload Attachment

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

The current reimbursable mileage rate is \$0.58. This should be entered for mileage unless your Club has a policy of reimbursing at a lower rate. If this is the case, please explain so in the notes for the "Mileage" line item.

The purpose and destination of travel should also be included in the Notes section.

Remember, only travel by personally owned vehicle should be entered in the budget via the Add Mileage option.

Previous Update Amounts Save **Review and Submit**

Total Personnel and Fringe Budget: \$ 11,458.50  
Total Expense Budget: \$ 6,137.39  
Total Budget Amount: \$ 17,595.89



Add Expenses

Delete

Item	Category	Rate	Quantity	Amount Allocated to Grant	Notes
<input type="text"/>	Other Costs		1.00		+

1

2

Enter the Item name.  
Please use a **short** general descriptive name here.  
Further detailed information should be provided with the Notes.

- Select the Item type:
- Equipment
  - Supplies
  - Travel
  - Contract Specialist
  - Other Costs

Reviewer Notes:  
No Notes from National

Attachments

Name	Notes	Edit	View Attachment(s)
SUTA			TestDocumentation.pdf
Workers Comp			UserRequest-Personnel.pdf

Upload Attachment

Previous Update Amounts Save **Review and Submit**

Total Personnel and Fringe Budget: \$ 11,458.50  
Total Expense Budget: \$ 6,137.39  
Total Budget Amount: \$ 17,595.89



**Add Expenses**

Delete

Item	Category	Rate	Quantity	Amount Allocated to Grant	Notes
<input type="text"/>	Other Costs	<input type="text"/>	1.00		<input type="text"/>

Enter the rate (\$) per unit.

Enter the quantity purchased.

Add any notes needed to explain the item and how it will be used for/related to the T.R.A.I.L. program. Notes are required for all line items. **This is NOT where you will enter notes regarding the reasons for the requested revision.**

**Expense Notes**

Reviewer Notes:  
No Notes from National

**Attachments**

Name	Notes	Edit	View Att
SUTA			TestDocu
Workers Comp			UserRequ

Upload Attachment

Total Personnel and Fringe Budget: \$ 11,458.50  
 Total Expense Budget: \$ 6,137.39  
 Total Budget Amount: \$ 17,595.89



**Add Expenses**

Delete

Item	Category	Rate	Quantity	Amount Allocated to Grant	Notes
<input type="checkbox"/> Zumba Instructor	Contract Specialist	20.00	10.00	\$200.00	+

Add Expense

Add Mileage

Update Amounts

**Expense Notes**

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

Reviewer Notes:  
No Notes from National

**Attachments**

Name	Notes	Edit	View Attachment(s)
<input type="checkbox"/> SUTA			TestDocumentation.pdf
<input type="checkbox"/> Workers Comp			UserRequest-Personnel.pdf

Upload Attachment

Previous Update Amounts Save **Review and Submit**

**Total Personnel and Fringe Budget: \$ 11,458.50**  
**Total Expense Budget: \$ 6,137.39**  
**Total Budget Amount: \$ 17,595.89**



Add Expenses

Delete

Item	Category	Rate	Quantity	Amount Allocated to Grant	Notes
<input checked="" type="checkbox"/>	Other Costs		1.00		+

Add Expense

Add Mileage

Update

Do not leave any empty items in the Add box. The system will try to save it for you and it will show up as an line item with a random string of numbers and letters as its title in your budget. Select these empty line items in the Add box and hit delete **before** saving or moving forward.

Expense Notes

Reviewer Notes:

No Notes from National

Attachments

Name	Notes	Edit	View Attachment(s)
<input checked="" type="checkbox"/> SUTA			<a href="#">TestDocumentation.pdf</a>
<input checked="" type="checkbox"/> Workers Comp			<a href="#">UserRequest-Personnel.pdf</a>

Upload Attachment

Previous Update Amounts Save **Review and Submit**

Total Personnel and Fringe Budget: \$ 11,458.50

Total Expense Budget: \$ 6,337.39

Total Budget Amount: \$ 17,795.89



Notes included in the "Expense Notes" **must** specify all changes made to the "Expense" section and the reasons for the revision request.

Add Expenses

Item	Amount Allocated to Grant	Notes
<p>Add Expense    Add Mileage    Update Amounts</p>		

You can add general Expense notes here.

1

Expense Notes

Reviewer Notes:  
No Notes from National

2

Any notes from the reviewer will appear here. These might include revisions needed if the budget has been sent back for adjustment or corrections.

Attachments

Name	Notes
SUTA	
Workers Comp	

Upload Attachment

Previous    Update Amounts    Save    **Review and Submit**

Total Personnel and Fringe Budget: \$ 11,458.50  
 Total Expense Budget: \$ 6,541.50  
 Total Budget Amount: \$ 18,000.00

# Expense Notes

## Notes included in the “Personnel & Fringe Notes” section should include the following:

- The date of the budget revision
- WHY you are making a reduction to a line item in the “Expenses” section. (Why does this reduction *not* negatively impact the T.R.A.I.L. program?)
- WHY you need to increase the amount of a line item in the “Expenses” section. (Rationale must be applicable to the successful implementation of the T.R.A.I.L. program.)
- WHY you need to add a new line item to the “Expenses” section, if applicable.
- HOW do the change(s) relate to the successful implementation of the T.R.A.I.L. program?

An explanation needs to be provided for ALL of the *increases* and the *decreases* being requested.

# Expense Notes – Sample Language

- 5/7/2018: We reallocated the funds made available by the adjustments in Personnel and Fringe as follows: 1) added a Sports E-Z cart to better store and transport physical activity supplies used for the T.R.A.I.L. program; 2) increased the amounts budgeted for Office/Program and Physical Activity Supplies as additional funds are always helpful and can be utilized for these items to support the T.R.A.I.L. program.



Add Expenses

Delete

Item	Category	Rate	Quantity	Amount Allocated to Grant	Notes
------	----------	------	----------	---------------------------	-------

Add Expense

Add Mileage

Update Amounts

To delete an attachment in conjunction with creating a budget update, click on the circled x next to a document group.  
Note that if you have attached more than one document to this 'group' it will delete them all.

To view an uploaded file, click on the link for the document under "View Attachment(s)."

Attachments

Name

Notes

Edit

View Attachment(s)



SUTA



TestDocumentation.pdf



Workers Comp



UserRequest-Personnel.pdf

Upload Attachment

Previous

Update Amounts

To add an attachment, click Upload Attachment.

Total Personnel and Fringe Budget: \$ 11,458.50

Total Expense Budget: \$ 6,541.50

Total Budget Amount: \$ 18,000.00



Add Expenses

Delete

Item	Category	Rate	Quantity	Amount Allocated to Grant	Notes
------	----------	------	----------	---------------------------	-------

Add Expense Add Mileage Update Amounts

Expense Notes

Reviewer Notes:  
No Notes from National

Attachments

Name	Notes	Edit	View Attachment(s)
SUTA			ntation.pdf
Workers Comp			e-Personnel.p

Upload Attachment

Previous Update Amounts Save **Review and Submit**

You can check your budget totals here. Please note that the "Total Budgeted Amount" **must** match the "Awarded Amount."

When you are done, hit "Review and Submit."

2

1

Total Personnel and Fringe Budget: \$ 11,458.50  
 Total Expense Budget: \$ 6,541.50  
 Total Budget Amount: \$ 18,000.00



Once you click "Review and Submit," you will see a review screen for the budget. If everything is correct, hit "Submit." Otherwise scroll down to the bottom of the page and click "Edit" to make any further revisions.

TOTAL AWARDED: \$18,000.00

Update Budget

Duration: 331.00

Status: Incomplete

Approved Amount: \$1,105.54

Balance: \$16,894.46

NOTE: This budget has not yet been submitted. Please review and click submit.

Submit

Changes to the budget will be in bold text. The **New Item Budget** and **New Fringe Benefits** will display what you are now requesting, whereas the **Amount Allocated** and **Benefits Allocated to Grant** will display what was previously approved in the budget.

on	% on Grant	New Item Budget	Amount Allocated	Requested Amount	Approved Amount	Balance	Notes
	2.0%	<b>\$26.31</b>	\$398.93	\$69.64	\$26.31	\$372.62	
	3.0%	\$919.68	\$919.68	\$111.58	\$27.08	\$892.60	
	25.0%	\$647.50	\$647.50	\$92.50	\$92.50	\$555.00	
	50.0%	\$8,840.00	\$8,840.00	\$1,560.00	\$520.00	\$8,320.00	

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other
Accountant	FICA 7.650% \$30.52	SUTA 0.200% \$0.80	Workers Comp 0.200% \$0.80	Retirement 0.200% \$0.80	Other 0.200% \$0.80		
	<b>New Fringe Benefits</b> <b>\$2.22</b>	<b>Benefits Allocated to Grant</b> <b>\$33.71</b>	<b>Requested Benefits</b> <b>\$2.22</b>	<b>Approved Benefits</b> <b>\$2.22</b>	<b>Balance</b> <b>\$31.49</b>		
Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other



NCAI-00-000-AA-ZZ

TOTAL AWARDED: \$18,000.00

Organization: BGC of Example Land

Total Budgeted: \$18,000.00

00

1

Status: Pending Approval

Amount: \$1,105.54

Balance: \$16,894.46

Once you hit submit, the Status will change to "Pending Approval."  
**Reminder:** You will not be able to create any new reimbursement requests until the revised budget has been approved.

**Personnel**

Title	Hourly/Salary	Rate/Salary	Wks on Grant	% on Grant	New Item Budget	Amount Allocated	Requested Amount	Approved Amount	Balance	Notes
Accountant	<input type="checkbox"/> Salary	\$26,000.00	40.00	2.0%	\$26.31	\$398.93	\$69.64	\$26.31	\$372.62	
CPO	<input checked="" type="checkbox"/> Salary	\$33,800.00	47.29	3.0%	\$919.68	\$919.68	\$111.58	\$27.08	\$892.60	
Program Assistant	<input checked="" type="checkbox"/> Hourly	\$9.25	14.00	25.0%	\$647.50	\$647.50	\$92.50	\$92.50	\$555.00	
Program Coordinator	<input checked="" type="checkbox"/> Hourly	\$13.00	34.00	50.0%	\$8,840.00	\$8,840.00	\$1,560.00	\$520.00	\$8,320.00	

**Fringe Benefits**

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other
Accountant	FICA 7.650% \$30.52	SUTA 0.200% \$0.80	Workers Comp 0.200% \$0.80	Retirement 0.200% \$0.80	Other 0.200% \$0.80		
	<b>New Fringe Benefits</b> \$2.22	<b>Benefits Allocated to Grant</b> \$33.71		<b>Requested Benefits</b> \$2.22		<b>Approved Benefits</b> \$2.22	<b>Balance</b> \$31.49
CPO	Medical \$3,900.00 \$106.12	Dental \$360.00 \$9.80	Vision Workers Comp 0.200% \$1.84	Short Term Retirement 0.200% \$1.84	Long Term Other 0.200% \$1.84	Life	Other \$1,200.00 \$32.65
	<b>New Fringe Benefits</b> \$226.28	<b>Benefits Allocated to Grant</b> \$226.28		<b>Requested Benefits</b> \$11.41		<b>Approved Benefits</b> \$11.41	<b>Balance</b> \$214.87

# Questions or Further Assistance

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Gambrills, MD - Eastern Time