



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



Diabetes Prevention

# Reimbursement Request Overview

# Training Overview

- Reimbursement Request Due Dates
- The Reimbursement Request Process
- Helpful Tips for Successful Requests
- Supporting Documentation Review
- Examples of Allowable vs. Unallowable Costs
- Budget Revision Overview

**How familiar are you with the T.R.A.I.L.  
financial online reporting process?**

A. Very familiar

B. I could use a refresher

C. Brand New

# New Staff Training

- It is highly recommended that new finance staff watch the recording of last year's Implementation Training for New Staff.
- A link to the recording and training PDF can be found on the help tab of the online reporting site or in the T.R.A.I.L. resource center on NAClubs.org.
  - Password: *healthylifestyles*
- Individual assistance with a FirstPic finance staff member is also available.

# 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 - October 2021 expenses	November 15, 2021
November - <b>December 31, 2021</b> expenses	January 20, 2022
<b>January 1</b> - February 2022 expenses	March 15, 2022
March - April 2022 expenses	May 16, 2022
May - June 2022 expenses	July 15, 2022
July – August 31, 2022 expenses	September 23, 2022



# Helpful Tips for Successful Reimbursement Request

- Reporting dates for reimbursement requests are determined by the pay periods, which are not necessarily calendar months. Pay period dates **must** match reporting dates.  
(exceptions: beginning of program year, new calendar year, and end of program year)
- If insurance costs were included in your budget, reimbursement request dates need to begin and end as close to the first and last day of the month as possible, based on pay period dates.
- Reporting dates for reimbursement requests may not overlap.

# Helpful Tips for Successful Reimbursement Request

- It is highly recommended that reimbursement requests be limited to four or less pay periods. However, the system will accommodate up to 10 pay periods per request.
- Attachments must be uploaded as PDFs. **Size limit: 10 MB**
- Expenses must be entered into the correct line items.
- Include required summary sheet when submitting **three** or more receipts for the **same** line item.

# 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.



# Helpful Tips for Successful Reimbursement Request

- Corresponding position titles from your approved budget must be indicated on the supporting documentation.
- Pay period date range must be accurately represented on the time sheet/activity report.
- All rows and columns must calculate correctly on time sheets/activity reports.
- All time sheets must include the employee and supervisor's signatures.

# Helpful Tips for Successful Reimbursement Request

- If time sheets/activity reports display the pay rate, it must match the pay rate indicated on the payroll documentation.
- Pay period **start** *and* **end** dates need to be clearly identified on the payroll supporting documentation submitted.
- Only time sheets and payroll documents applicable to a specific pay period should be uploaded in that pay period.

# **Reconciling Time Sheets and Payroll Documents**

# Example Payroll Document

## Earnings Statement

Pay Date: 05/21/2021  
 Period Start: 05/01/2021  
 Period End: 05/14/2021

Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date	
<b>Earnings</b>					
Regular	12.71	79.50	1010.45	5485.64	
Overtime	19.07	1.25	23.83	23.83	
HOLIDAY PAY	12.36	0.00	0.00	197.76	
PTO - PART TIME	12.71	0.50	6.36	62.07	
BUILDING CLOSURE PAY	12.71	0.00	0.00	248.60	
Retroactive Adjustment			0.00	196.00	
<b>Gross</b>		<b>81.25</b>	<b>1040.64</b>	<b>6213.90</b>	
<b>W/H Taxes</b>					
Federal W/H(S/0)			98.99	488.63	
Medicare			15.09	90.10	
Social Security			64.52	385.26	
State W/H(S/0)			0.00	0.00	
<b>Deductions</b>					
<b>Net Pay</b>			<b>862.04</b>	<b>5249.91</b>	
<b>Net Pay Distribution</b>					
Direct Deposit Net Check			862.04	5249.91	
<b>Employee Benefits, Allowances, and Other</b>					
PTO Part Time Hours			3.00	33.00	YTD Taken Available 5.00 28.00



# Problem Time Sheet Example

- Position title does not match title listed in the approved budget/reimbursement request (Program Coordinator).

Unit Director
Position (required)

- Pay dates on the activity report are not indicated in one space and do not match dates on the payroll documentation in another portion.

1-Jan
2-Jan
3-Jan
4-Jan

Month/Year (required)
-----------------------

- Column hours are not calculating correctly.
- Total hours do not match total hours indicated on the payroll document.

TOTAL	28.00	49.50	-	-	-	-	-	-	-	77.50
%	36.13%	63.87%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	

# Problem Time Sheet Example

- Time sheet does not break out paid leave time.

Day of the Month	T.R.A.I.L.	Non T.R.A.I.L. Related Programs									TOTAL

- Time sheet is missing both the employee and supervisor signatures.

_____ Employee's Signature	_____ Supervisor's Signature
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# Correct Time Sheet Example

John Doe  
 Employee's Name (required)  
 FirstPic  
 Name of Organization (required)

*Program Coordinator*  
 Unit Director  
 Position (required)  
 5/1/22-5/14/22  
 Month/Year (required)  
 Gambrills, MD  
 City/State (required)

Day of the Month	T.R.A.I.L.	Non T.R.A.I.L. Related Programs	PTO/Holiday							TOTAL
1-May	-	-								0.00
2-May	-	-								0.00
3-May	3.00	4.50	0.50							8.00
4-May	3.00	5.00								8.00
5-May	3.00	5.00								8.00
6-May	3.00	5.00								8.00
7-May	3.00	5.00								8.00
8-May										0.00
9-May	-	-								0.00
10-May	3.00	5.00								8.00
11-May	3.00	5.00								8.00
12-May	3.00	5.00								8.00
13-May	3.00	5.00								8.00
14-May	3.00	6.25								9.25
15-May	-	-								0.00
16-May										0.00

17-May										0.00
18-May										0.00
19-May	-	-								0.00
20-May	-	-								0.00
21-May	-	-								0.00
22-May	-	-								0.00
23-May	-	-								0.00
24-May	-	-								0.00
25-May	-	-								0.00
26-May	-	-								0.00
27-May	-	-								0.00
28-May	-	-								0.00
29-May	-	-								0.00
30-May	-	-								0.00
31-May	-	-								0.00
1-Jun	30.00	50.75	-	0.50	-	-	-	-	-	81.25
2-Jun	36.92%	62.46%	0.00%	0.62%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	



Employee's Signature  
*John Doe*

Supervisor's Signature  
*John Smith*



# Quiz

Can reimbursement requests be submitted every month?

- A. Yes
- B. No

# 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
9/5/2021	Walmart	\$22.38	\$0.00	\$65.75	\$25.00	<b>\$113.13</b>
9/15/2021	Fresh Mart	\$89.15	\$0.00	\$0.00	\$0.00	<b>\$89.15</b>
9/24/2021	Walmart	\$34.86	\$22.15	\$55.75	\$0.00	<b>\$112.76</b>
10/6/2021	Sam's Club	\$78.25	\$0.00	\$0.00	\$52.00	<b>\$130.25</b>
10/16/2021	Staples	\$0.00	\$35.15	\$0.00	\$0.00	<b>\$35.15</b>
	<b>TOTAL</b>	<b>\$224.64</b>	<b>\$57.30</b>	<b>\$121.50</b>	<b>\$77.00</b>	

Template available in T.R.A.I.L. Resources on [NAClubs.org](http://NAClubs.org)

# 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

- If you are claiming fringe such as Workers Comp, SUTA, etc. you will need to include the appropriate supporting documentation for the rate being claimed in each request.
- 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.

# Required Information and Documentation

- An itemized receipt or invoice is also required for reimbursement.
- Providing receipts that are legible is critical - all items on the receipt must be clearly identifiable.
- The date needs to be clearly visible on each receipt and invoice.  
(date expense was incurred: purchase date/event date)

# *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)

# *Examples of Allowable & Unallowable Costs*

## **EQUIPMENT**

**Allowed:** Computers - cost should be reasonable (~\$1,000 maximum)

**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.

Refer to the Healthy Snack Guidance document in the T.R.A.I.L. Resource Center on NAClubs.org – password: healthylifestyles)

**Not Allowed:** tips, anything associated with fundraising, hats, caps, backpacks, giveaways, decorations, etc.



# *Examples of Allowable & Unallowable Costs*

## **TRAVEL**

**Allowed:** Any local travel associated with the T.R.A.I.L. Program and curriculum.

**Not Allowed:** You may not be reimbursed for both mileage and gas. Travel not directly related to the T.R.A.I.L. program.

## **CONTRACTORS**

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

(However, costs should accurately reflect reasonable rate for the service in your area.)

# *Examples of Allowable & Unallowable Costs*

## **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.

# Quiz

What should you do if you are unsure if an expense would be reimbursable through the T.R.A.I.L. grant even after checking the available guidance documents?

- A. Make the purchase and hope it's okay
- B. Contact a member of FirstPic's finance team
- C. Do nothing – don't incur the expense
- D. None of the above



Diabetes Prevention

# Budget Revision Overview



# Budget Revision Request

## Helpful tips:

- Before starting 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 [T.R.A.I.L. online reporting](#) site.

# Budget Revision Request

## Helpful tips:

- Monitor your budget throughout the grant year to ensure proper spend down.
- Regularly communicate with T.R.A.I.L. program staff members at your Club to ensure proper T.R.A.I.L. program related expenses are included in your budget.

# Budget Revision Request

## Reasons for requesting a budget revision:

- A new line item needs to be added to the budget.
- Personnel and Fringe Benefits combined AND/OR Expenses section will be overspent by more than 10%.

# Budget Revision Request

## Examples of when a budget revision is NOT needed:

- A staffing change has occurred, but the pay rate difference between the two employees will not create a spend out difference in Personnel/Fringe of more than 10% for these categories.
- A staff member changes from hourly to salaried or vice versa.
- The Office/Program Supplies line item has been overspent, but the 'Expenses' section will not be overspent by more than 10% of the category.



# Budget Revision Request

## Examples of when a budget revision is needed:

- Creating a line item to purchase a basketball hoop that costs \$150.
- Due to expenses for supplies being more than anticipated, and calculating that the Expenses section will be overspent by more than 10%, it is necessary to move funds from Personnel and Fringe Benefits where expenses were less than anticipated to cover these costs.

# Quiz

Which of the following situations require a budget update?

- A. A staff member received a pay increase
- B. A new laptop is needed for the Program Coordinator
- C. A different Program Coordinator was hired
- D. SUTA rate changed

# Budget Revision Request

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

- 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.

# Budget Revision Request

Sample “*Personnel & Fringe Notes*” note:

6/7/22/{initials}: 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=""/> %	<input type="text" value=""/> %		\$49.53
Title Program Coordinator	<input type="text" value="Medical"/>	<input type="text" value="Dental"/>	<input type="text" value="Vision"/>	<input type="text" value="Short Term"/>	<input type="text" value="Long Term"/>	<input type="text" value="Life"/>	<input type="text" value="Other"/>
	FICA	SUTA	Workers Comp	Retirement	Other	Benefits Allocated to Grant	
	<input type="text" value="7.65"/> % \$676.26	<input type="text" value="0.20"/> % \$17.68	<input type="text" value="0.20"/> % \$17.68	<input type="text" value="0.20"/> % \$17.68	<input type="text" value="0.20"/> % \$17.68	\$746.98	

Update Amounts

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.

Delete

Add Personnel

Personnel & Fringe Notes

Reviewer Notes:  
No Notes from National

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

# Budget Revision Request

Notes included in the “*Expense Notes*” section should include:

- 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 requests.

# Budget Revision Request

Sample “*Expense Notes*” note:

6/7/22 /{initials}: : We reallocated 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 amount 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.



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

Add Expenses		Delete
Item	Category	Notes
<input type="button" value="Add Expense"/>	<input type="button" value="Add Mileage"/>	<input type="button" value="Update Amounts"/>

**Expense Notes**

**Reviewer Notes:**  
No Notes from National

**Attachments**

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

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



# Q & A



A link to a training evaluation form will be sent soon.

# Contact Information - Finance

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Gambrills, MD - Eastern Time