



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

**Diabetes Prevention**

# Financial On-Line Reporting

# Finance and Reimbursement




# Outline of Financial Reimbursement Topics

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

# 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 |



# Reimbursement Request Process

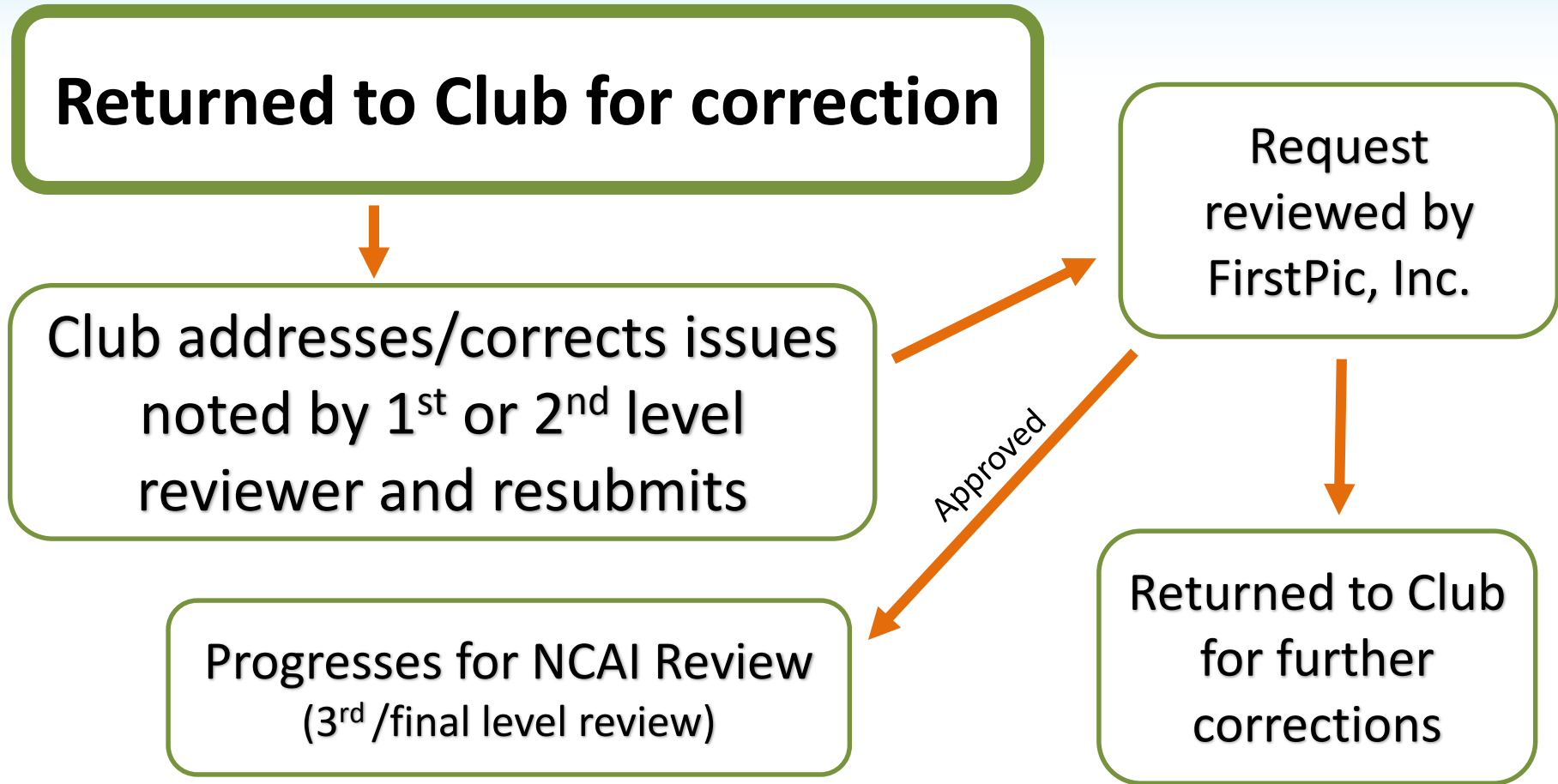
**FirstPic, Inc. reviews request**  
(1<sup>st</sup> and 2<sup>nd</sup> level review)

Approved

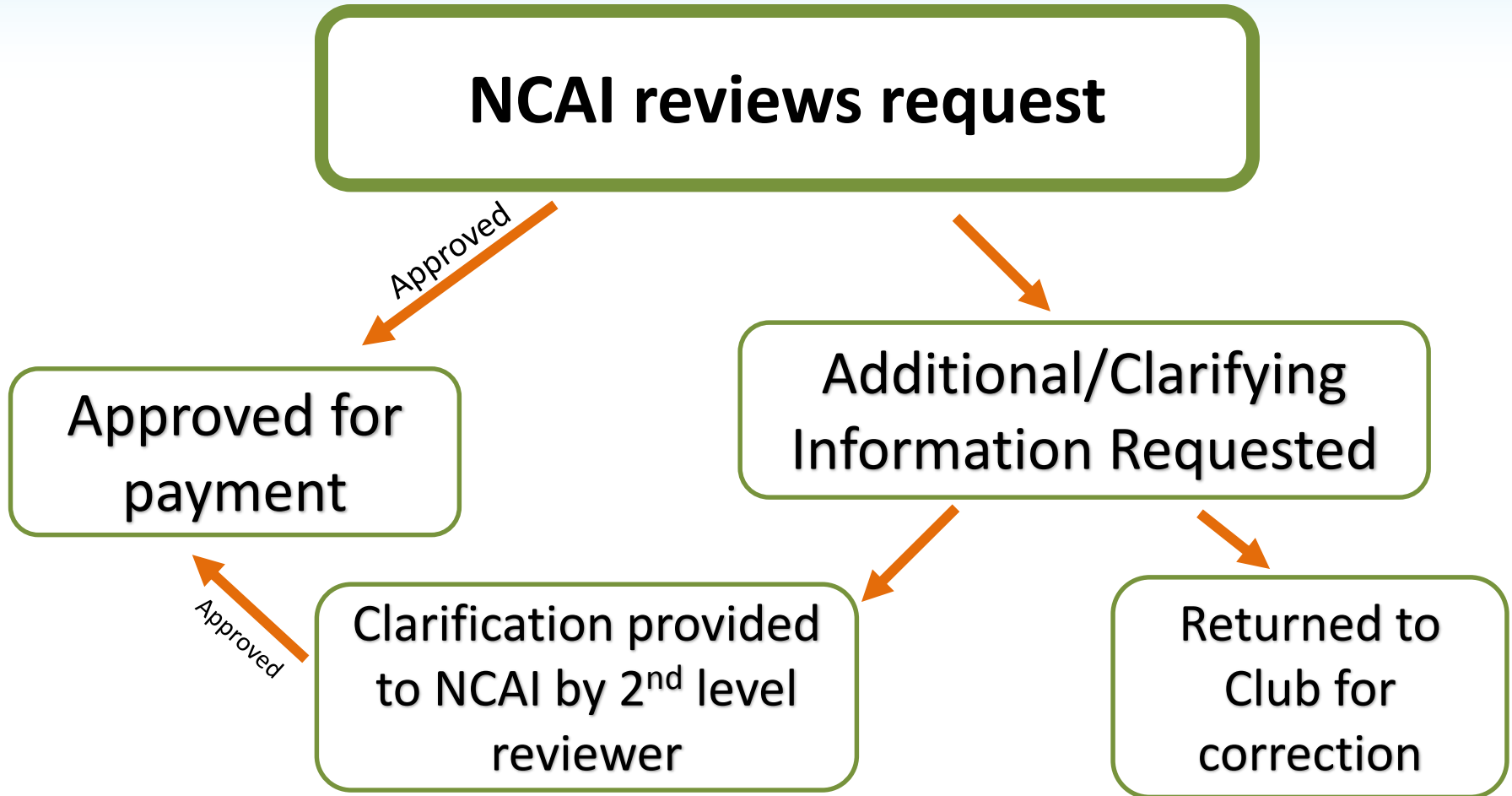
Progresses for  
NCAI Review  
(3<sup>rd</sup> /final level review)

Returned to Club for  
correction

# Reimbursement Request Process



# Reimbursement Request Process



# Helpful Tips for Successful Reimbursement Request

- Reporting dates for reimbursement requests need to be determined according to pay periods, which are not necessarily calendar months. Pay period dates **must** match reporting dates.
- 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.
- 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 several 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        | <b>\$113.13</b> |
| 9/15/2018     | Fresh Mart   | \$89.15         | \$0.00          | \$0.00            | \$0.00         | <b>\$89.15</b>  |
| 9/24/2018     | Walmart      | \$34.86         | \$22.15         | \$55.75           | \$0.00         | <b>\$112.76</b> |
| 10/6/2018     | Sam's Club   | \$78.25         | \$0.00          | \$0.00            | \$52.00        | <b>\$130.25</b> |
| 10/16/2018    | 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> |                 |

# 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.

# **A Tale of Two Wal-Mart Receipts**





# 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/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 |
| 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 |
| HRKR BRD 007166207722   |      |          |       |
| 10 AT 1 FOR             | 0.97 | 9.70     | N     |

*Completed Cereal Chapter 8 Act. 2*

|                           |   |      |   |
|---------------------------|---|------|---|
| SYRUP 004589310867        |   | 4.41 | N |
| SYRUP 004589310867        |   | 4.41 | N |
| SYRUP 004589310867        |   | 4.41 | N |
| SYRUP 004589310867        |   | 4.41 | N |
| SYRUP 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 |

*Hand lotion Chapter 8 Act. 2*

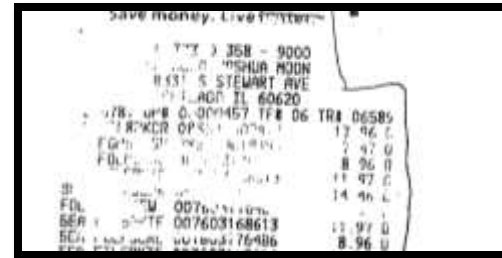
|       |
|-------|
| 3.00  |
| 3.00  |
| 3.00  |
| 1.74  |
| 0.97  |
| 0.97  |
| 0.97  |
| 3.23  |
| 3.92  |
| 3.92  |
| 3.92  |
| 1.74  |
| 0.97  |
| 1.74  |
| 3.92  |
| 32.03 |



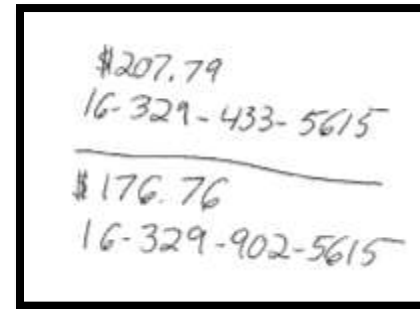
# Bad Receipt

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

|      |         |                 |   |      |   |
|------|---------|-----------------|---|------|---|
| PAID | FILE    | 010094028632    |   | 4.97 | 0 |
| 240Z | 12CTCHD | 007874298806    | F | 6.00 | 0 |
| 12CT | ASRT    | CU 007874298103 | F | 6.00 | 0 |
| 12CT | ASRT    | CU 007874298103 | F | 6.00 | 0 |
| 12CT | ASRT    | CU 007874298103 | F | 6.00 | 0 |
| 12CT | ASRT    | CU 007874298103 | F | 6.00 | 0 |
| 12CT | ASRT    | C 00787         | F | 6.00 | 0 |

# 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.

# Personnel



# Personnel

- You should only split pay periods at the beginning and end of the grant cycle, and at the end of the calendar year.
- The corresponding position titles from your approved budget **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



# 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.

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

# Equipment

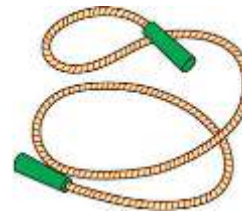


# Equipment

- 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. (e.g., The food items purchased at Sam's Club were healthy snacks for our T.R.A.I.L. participants during weekly sessions.)

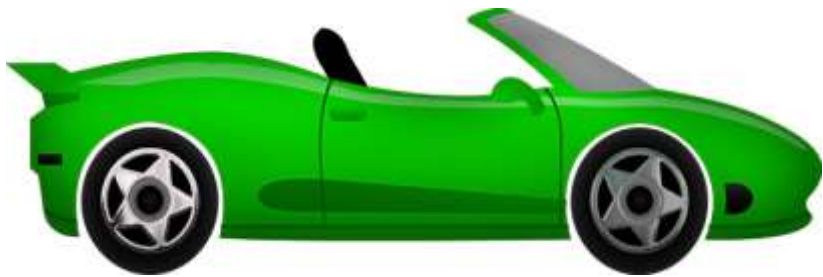


# Supplies

- 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.

\*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 \$0.545/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 (\$.545/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.



# *Examples of Allowable & Unallowable Costs*

## **PERSONNEL**

**Allowed:** Part-time staff person to serve as the T.R.A.I.L. Program Coordinator (per your LOA). Maximum of 10% of salary for administrative personnel.

## **FRINGE BENEFITS**

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

## **EQUIPMENT**

**Allowed:** Computers under \$1000

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

# *Examples of Allowable & Unallowable Costs*

## SUPPLIES

**Allowed:** *healthy* snacks, office supplies, sporting/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.

# 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](mailto: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.

# 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.

Reimbursements



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

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 Reimbursements

| Request ID | Status     | Submitted Date |
|------------|------------|----------------|
| R-53       | Incomplete |                |

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



## REIMBURSEMENT REQUESTS

Request Id:  Grant: View All

Status: All In Progress Sort By: Request Date

All In Progress

| Request Id | Sub-Grant Name     | Start Date | End Date  |
|------------|--------------------|------------|-----------|
| R-5379     | Example Land TRAIL | 6/1/2018   | 6/30/2018 |

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

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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:  Sub-Grant Name:

Status:  Sort By:

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.

**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

Scroll to the bottom of the page and click "Create Reimbursement" to begin a new reimbursement request.

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

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.

Cancel Save Save and Exit Next

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

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

NCAI-00-0001-XX

Request Id: R-5424 Organization: BGC Example Land

Status: Incomplete

Personnel Pay Period: 1

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

| Title               | Hours this Pay Period | Hours on Grant | Hourly/Salary | Rate    | % Time o |
|---------------------|-----------------------|----------------|---------------|---------|----------|
| Accountant          | 80                    | 8              | Salary        | 1345.60 |          |
| CPO                 | 80                    | 7              | Salary        | 1923.2  |          |
| Program Assistant   | 0.00                  | 0.00           | Hourly        |         |          |
| Program Coordinator | 77                    | 12             | Hourly        | 20      |          |

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

4 For Hourly employees, enter their hourly rate.

2 Attachments  
No Attachments Found  
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            | +     |

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

Attachments

No Attachments Found

Upload Attachment

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    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

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

Project 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            | +     |
|                     | 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            | +     |

Enter your notes in the box.  
Click Save.

Notes for Program Coordinator

Reviewer Notes:  
No Notes from National

Close 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%                          | \$1,076.48          |       |
| CPO                 | 80.00                 | 7.00           | Salary        | 1,923.20 | 8.75%                           | \$1,368.28          |       |
| Program Assistant   | 0.00                  | 0.00           | Salary        |          | 0.00%                           | \$0.00              |       |
| Program Coordinator | 77.00                 | 12.00          | Salary        | 20.00    | 15.58%                          | \$240.00            |       |

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 Update Amounts Save Save and Exit Next

Total Requested Amount: \$305.96  
Personnel Balance: \$0.00  
Personnel Budgeted Amount: \$0.00  
Total Requested Amount: \$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 | Note |
|---------------------|-----------------------|----------------|---------------|-------|---------------------------------|---------------------|------|
| 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

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: [ ]

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                 |                       | 7.00           |                                 | \$168.28            |       |
| Program Assistant   |                       | 0.00           |                                 | \$0.00              |       |
| Program Coordinator |                       | 2.00           |                                 | \$3.12              |       |

Add New Document

File Name:

Choose File: No file chosen

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

Upload

Close

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

Upload Attachment

Previous Update Am

Total Requested Personnel: \$306.96

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

| 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           |               |          | 8.75%                           | \$168.28            | +     |
| Program Assis | 0.00           |               |          | 0.00%                           | \$0.00              | +     |
| Program Coord | 12.00          |               |          | 15.58%                          | \$3.12              | +     |

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.

| Name      | Notes | Edit | View Attachment(s)    |
|-----------|-------|------|-----------------------|
| Payroll   |       |      | doc20170821091936.pdf |
| Timesheet |       |      | doc20170821092215.pdf |

Upload Attachment

Previous Update Amounts Save Save and Exit **Next**

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

Total Requested Personnel: \$305.96  
Personnel Balance: \$0.00  
Personnel Budgeted Amount: \$0.00  
Total Requested Amount: \$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: 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   |       |      | <a href="#">doc20170821091936.pdf</a> |
| Timesheet |       |      | <a href="#">doc20170821092215.pdf</a> |

Upload Attachment

Previous Update Amounts Save Save and Exit Next

Total Requested Personnel: \$305.96  
Personnel Balance: \$0.00  
Personnel Budgeted Amount: \$0.00  
Total Requested Amount: \$305.96



**Please Note:** Only fringe included in the approved budget can be entered. Fringe categories not included in the approved budget cannot be entered and will appear light grey.

|                              |         |              |            |            |           |      |                          |       |
|------------------------------|---------|--------------|------------|------------|-----------|------|--------------------------|-------|
| Title<br>Program Assistant   | Medical | Dental       | Vision     | Short Term | Long Term | Life | Other                    | Notes |
| FICA                         |         |              |            |            |           |      |                          |       |
|                              |         |              |            |            |           |      | Total Benefits Requested |       |
|                              |         |              |            |            |           |      | \$0.00                   |       |
|                              |         |              |            |            |           |      | Hours Towards Grant      |       |
|                              |         |              |            |            |           |      | 0.00                     |       |
|                              |         |              |            |            |           |      | Percent Towards Grant    |       |
|                              |         |              |            |            |           |      | 0.000%                   |       |
|                              |         |              |            |            |           |      | Salary Requested         |       |
|                              |         |              |            |            |           |      | \$0.00                   |       |
| Title<br>Program Coordinator | Medical | Dental       | Vision     | Short Term | Long Term | Life | Other                    | Notes |
| FICA                         | SUTA    | Workers Comp | Retirement | Other      |           |      |                          |       |
|                              |         |              |            |            |           |      | Total Benefits Requested |       |
|                              |         |              |            |            |           |      | \$0.00                   |       |
|                              |         |              |            |            |           |      | Hours Towards Grant      |       |
|                              |         |              |            |            |           |      | 12.00                    |       |
|                              |         |              |            |            |           |      | Percent Towards Grant    |       |
|                              |         |              |            |            |           |      | 7.792%                   |       |
|                              |         |              |            |            |           |      | Salary Requested         |       |
|                              |         |              |            |            |           |      | \$3.12                   |       |

1 In the top line, enter the appropriate premium amount for the full request period.

2 In the second line, enter percentage based fringe. Please make sure the percentages being requested for WC, SUTA, etc. match the supporting documentation that is attached to the approved budget.

3 Upload supporting documentation for any insurances included in the request.

When you have finished on this 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

After you have completed the Fringe Benefits, you will come to Expenses.

Expenses

- Other Costs
- Supplies
- Travel

Expense Categories and Items will be pulled in from the approved budget.



| 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     |                  | +     | +           |

Balance (not including pending requests) \$0.00 Total Budgeted \$0.00

| 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     |                  | +     | +           |

Total Requested (this reimbursement) \$0.00 Balance (not including pending requests) \$0.00 Total Budgeted \$0.00

| Item                             | Rate | Quantity | Amount Requested | Notes | Attachments |
|----------------------------------|------|----------|------------------|-------|-------------|
| Event Transportation             | 0.00 | 1.00     |                  | +     | +           |
| Mileage                          |      | 1.00     |                  | +     | +           |
| National Training - Baggage Fees | 0.00 | 1.00     |                  | +     | +           |



|                      |      |      |   |   |
|----------------------|------|------|---|---|
| Event Transportation | 0.00 | 1.00 | + | 0 |
| Mileage              |      | 1.00 | + | 0 |
| National Tra         |      | 1.00 | + | 0 |
| National Tra         |      | 1.00 | + | 0 |

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.

|              |          |                                      |         |
|--------------|----------|--------------------------------------|---------|
| Contract S   | Quantity | Total Requested (this reimbursement) | Balance |
| Item         | 1.00     | \$0.00                               |         |
| Healthy Co   | 1.00     |                                      |         |
| Physical Fit |          |                                      |         |

|           |        |                                      |  |                |             |
|-----------|--------|--------------------------------------|--|----------------|-------------|
| Equipment | Rate   | Quantity                             | Amount Requested                         | Notes          | Attachments |
| Item      | 750.64 | 1.00                                 |  |                |             |
| Laptop    |        |                                      |  |                |             |
|           |        | 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             | 0.00 | 1.00 |  | + | 🔒 |
| Mileage                          |      | 1.00 |  | + | 🔒 |
| National Training - Baggage Fees | 0.00 | 1.00 |  | + | 🔒 |
| National Training - Parking      | 0.00 | 1.00 |  | + | 🔒 |

|  |  |                       |
|--|--|-----------------------|
| <b>Total Requested</b><br>(this reimbursement) | <b>Balance</b><br>(not including pending requests) | <b>Total Budgeted</b> |
| \$0.00   | \$0.00   | \$0.00                |

Contract Specialist

| Item                                | Rate | Quantity | Amount Requested | Notes | Attachments |
|-------------------------------------|------|----------|------------------|-------|-------------|
| Healthy Cooking Demonstration       | 0.00 | 1.00     |                  | +     | 🔒           |
| Physical Fitness/Sports Instruction | 0.00 | 1.00     |                  | +     | 🔒           |

|  |  |                       |
|--|--|-----------------------|
| <b>Total Requested</b><br>(this reimbursement) | <b>Balance</b><br>(not including pending requests) | <b>Total Budgeted</b> |
| \$0.00   | \$0.00   | \$0.00                |

Equipment

| Item   | Rate   | Quantity | Amount Requested | Notes | Attachments |
|--------|--------|----------|------------------|-------|-------------|
| Laptop | 750.64 | 1.00     |                  | +     | 🔒           |

|  |  |                       |
|--|--|-----------------------|
| <b>Total Requested</b><br>(this reimbursement) | <b>Balance</b><br>(not including pending requests) | <b>Total Budgeted</b> |
| \$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**

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             | 0.00 | 1.00 | + | 0 |
| Mileage                          |      | 1.00 | + | 0 |
| National Training - Baggage Fees | 0.00 | 1.00 | + | 0 |
| National Training - Parking      | 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 files chosen

Upload

Close

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

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

Equipment

Item

Laptop

Update Am

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             | 0.00 | 1.00 |  | + | ⊗ |
| Mileage                          |      | 1.00 |  | + | ⊗ |
| National Training - Baggage Fees | 0.00 | 1.00 |  | + | ⊗ |
| National Training - Parking      | 0.00 | 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       | 0.00 | 1.00     |                  | +     | ⊗           |
| Physical Fitness/Sports Instruction | 0.00 | 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 | 750.64 | 1.00     |                  | +     | ⊗ doc:20170821091936.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

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

Attachments

No Attachments Found

Upload Attachment

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



|                                  |      |      |  |   |   |
|----------------------------------|------|------|--|---|---|
| Event Transportation             | 0.00 | 1.00 |  | + | ⊖ |
| Mileage                          |      | 1.00 |  | + | ⊖ |
| National Training - Baggage Fees | 0.00 | 1.00 |  | + | ⊖ |
| National Training - Parking      | 0.00 | 1.00 |  | + | ⊖ |

|  |  |                       |
|--|--|-----------------------|
| <b>Total Requested</b><br>(this reimbursement) | <b>Balance</b><br>(not including pending requests) | <b>Total Budgeted</b> |
| \$0.00   | \$0.00   | \$0.00                |

Contract Specialist

| Item                                | Rate | Quantity | Amount Requested | Notes | Attachments |
|-------------------------------------|------|----------|------------------|-------|-------------|
| Healthy Cooking Demonstration       | 0.00 | 1.00     |                  | +     | ⊖           |
| Physical Fitness/Sports Instruction | 0.00 | 1.00     |                  | +     | ⊖           |

|  |  |                       |
|--|--|-----------------------|
| <b>Total Requested</b><br>(this reimbursement) | <b>Balance</b><br>(not including pending requests) | <b>Total Budgeted</b> |
| \$0.00   | \$0.00   | \$0.00                |

Equipment

| Item   | Rate   | Quantity | Amount Requested | Notes | Attachments |
|--------|--------|----------|------------------|-------|-------------|
| Laptop | 750.64 | 1.00     |                  | +     | ⊖           |

|  |  |                       |
|--|--|-----------------------|
| <b>Total Requested</b><br>(this reimbursement) | <b>Balance</b><br>(not including pending requests) | <b>Total Budgeted</b> |
| \$0.00   | \$0.00   | \$0.00                |

Update Amounts

You can check your request totals here.

Attachments

No Attachments Found

Upload Attachment

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**



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

Pay Periods: 2 Status: Incomplete

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."

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  
Balance: \$34,806.80

Request Id: R-5424 Organization: BGC Example Land Date Range: 01/01/2018 - 01/31/2018 Pay Periods: 2 Status: Pending Approval

Personnel Pay Period: 1

| Title               | Hours this Pay Period | Hours on Grant | Hourly/Salary | Rate | % Time on Grant this Pay Period | Total Pay Requested | Notes |
|---------------------|-----------------------|----------------|---------------|------|---------------------------------|---------------------|-------|
| Accountant          | 80.00                 | 0.00           | Salary        |      | 0.00%                           | \$134.56            | +     |
| CPO                 | 80.00                 | 0.00           | Salary        |      | 0.00%                           | \$168.28            | +     |
| Program Assistant   | 0.00                  | 0.00           | Hourly        |      | 0.00%                           | \$0.00              | +     |
| Program Coordinator | 77.00                 | 0.00           | Hourly        |      | 0.00%                           | \$3.12              | +     |

Once you hit submit, the Status will change to "Pending Approval."

Attachments

| Name      | Notes | View Attachment(s)                                       |
|-----------|-------|--|
| Payroll   |       | <a href="#">doc20170821091936.pdf</a> 8/31/2018 12:33 PM |
| Timesheet |       | <a href="#">doc20170821092215.pdf</a> 8/31/2018 12:33 PM |

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)                                       |
|-----------|-------|--|
| Payroll   |       | <a href="#">doc20170821091936.pdf</a> 8/31/2018 12:37 PM |
| Timesheet |       | <a href="#">doc20170821092215.pdf</a> 8/31/2018 12:37 PM |

Total Personnel Requested: \$305.96  
Personnel Balance: \$0.00  
Personnel Budgeted: \$0.00



## REIMBURSEMENT REQUESTS

Request Id:  Grant:   
Status:  Sort By:

All In Progress

| Request Id | Sub-Grant Name     | Start Date | End Date  | Request Date | Requested Amount | Status           |
|------------|--------------------|------------|-----------|--------------|------------------|------------------|
| R-5379     | Example Land TRAIL | 6/1/2018   | 6/30/2018 |              | \$0.00           | Incomplete       |
| R-5424     | NCAI-00-0001-XX    | 1/1/2018   | 1/31/2018 | 8/31/2018    | \$1,056.60       | Pending Approval |

1 - 2 of 2

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.”



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