



Reimbursement Request Overview

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

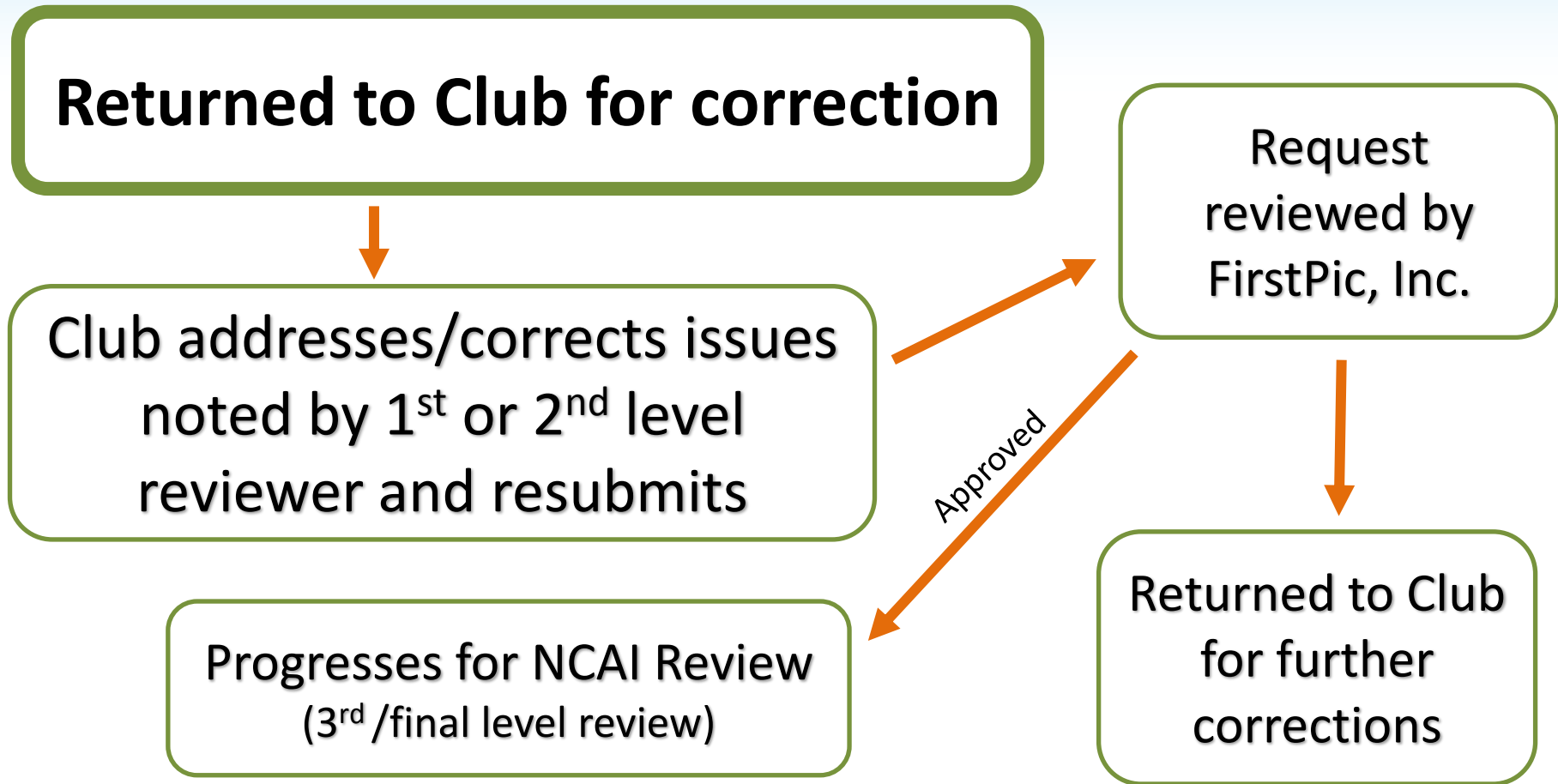
FirstPic, Inc. reviews request
(1st and 2nd level review)

Approved

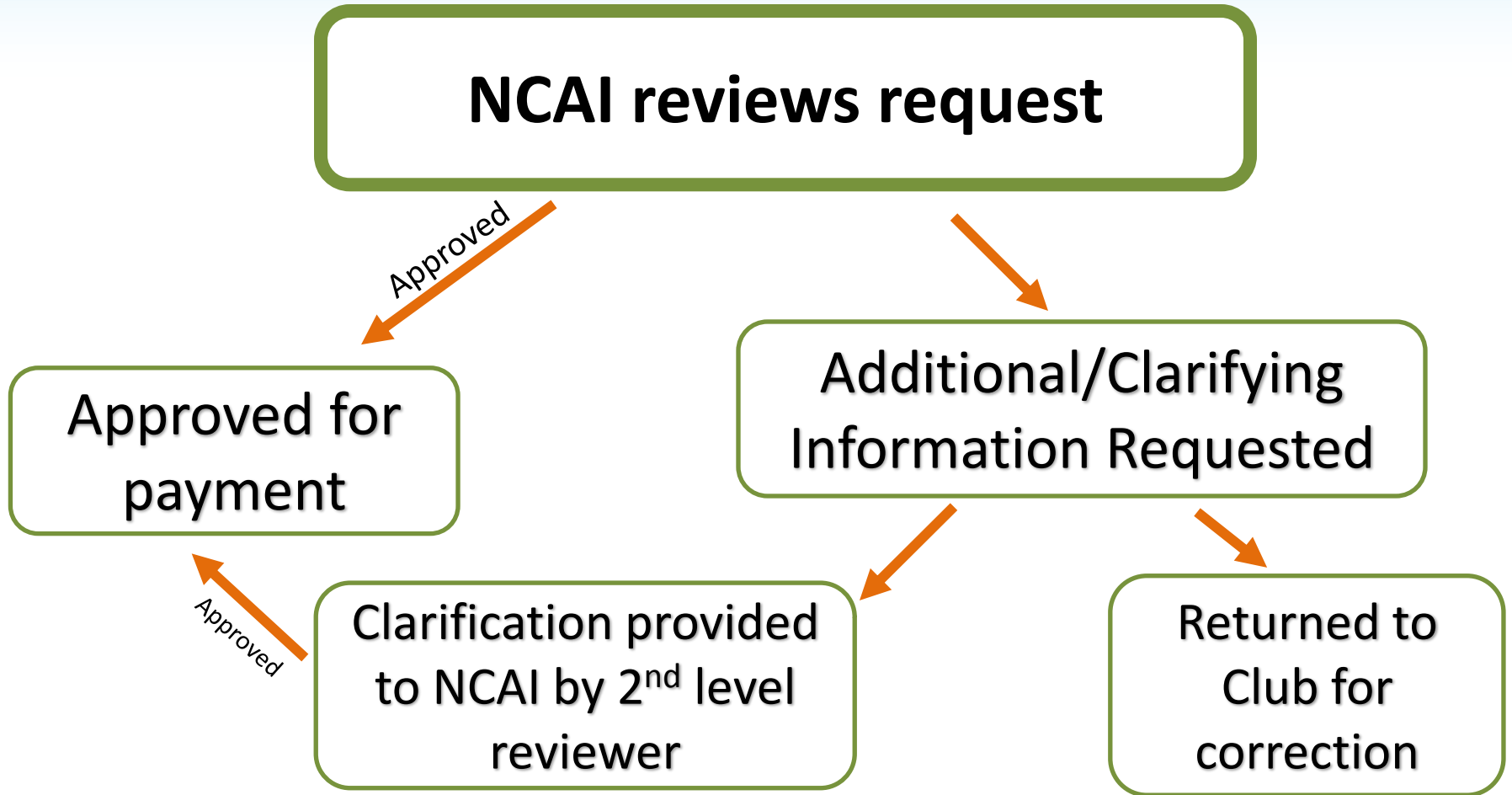
Progresses for
NCAI Review
(3rd /final level review)

Returned to Club for
correction

Reimbursement Request Process



Reimbursement Request Process



Helpful Tips for 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.

Required Information and Documentation

If you submit **three** or more receipts for a given line item, you must provide a complete summary document. This will greatly increase the efficiency of processing the request for approval and payment.

Purchase Date	Vendor	Healthy Foods	Office/ Program	Physical Activity	Non-T.R.A.I.L.	Receipt Total
9/5/2018	Walmart	\$22.38	\$0.00	\$65.75	\$25.00	\$113.13
9/15/2018	Fresh Mart	\$89.15	\$0.00	\$0.00	\$0.00	\$89.15
9/24/2018	Walmart	\$34.86	\$22.15	\$55.75	\$0.00	\$112.76
10/6/2018	Sam's Club	\$78.25	\$0.00	\$0.00	\$52.00	\$130.25
10/16/2018	Staples	\$0.00	\$35.15	\$0.00	\$0.00	\$35.15
	TOTAL	\$224.64	\$57.30	\$121.50	\$77.00	

Template available in T.R.A.I.L. Resources on 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

- 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.

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.

Contact Information - Finance

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Gambrills, MD - Eastern Time





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



Diabetes Prevention

Small Group Exercise Review



NCAI-00-0001-XX

Total Awarded: \$34,806.80

Balance: \$34,806.80

Request Id: R-5425 Organization: BGC Example Land Date Range: 09/01/2018 - 09/30/2018 Pay Periods: 2 Status: Pending First Approval

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary Rate ?	% Time on Grant this Pay Period	Total Pay Requested	Total Pay Approved	Notes
Accountant				0.00%	\$0.00	\$0.00	+
CPO				0.00%	\$0.00	\$0.00	+
Program Assistant				17.05%	\$287.70	\$287.70	+
Program Coordinator				21.59%	\$4.32	\$4.32	+

Attachments

Name

Payroll

Timesheet

Because reimbursement requests are based on pay period start and end dates, the reimbursement request date range should be 10/1/2018-10/31/2018. 10/1/18 is the start date of Pay Period 1 and 10/31/2018 is the end date of Pay Period 2.

Personnel 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	0.00	0.00	Salary	0.00%	\$0.00	\$0.00	+



NCAI-00-0001-XX

Total Awarded: \$34,806.80

Balance: \$34,806.80

Request Id: R-5425 Organization: BGC Example Land Date Range: 09/01/2018 - 09/30/2018 Pay Periods: 2 Status: Pending First Approval

Personnel Pay Period: 1

Title	Hours this Pay Period	Hours on Grant	Hourly/Salary Rate ?	% Time on Grant this Pay Period	Total Pay Requested	Total Pay Approved	Notes
Accountant	0.00	0.00	Salary	0.00%	\$0.00	\$0.00	+
CPO	0.00	0.00	Salary	0.00%	\$0.00	\$0.00	+
Program Assistant	88.00	15.00	Salary \$1,687.84	17.05%	\$287.70	\$287.70	+
Program Coordinator	88.00	19.00	Salary \$20.00	21.59%	\$4.32	\$4.32	+

Attachments

Ne
Pa
Tit
12:59 PM
2018 8:16 AM

Pe

Title	% Time on Grant this Pay Period	Total Pay Requested	Total Pay Approved	Notes
Ac	0.00%	\$0.00	\$0.00	+

This staff member is entered as "Salary", but the supporting payroll documentation indicates that they are paid hourly. Therefore, this line item should be entered as "Hourly." Entering this incorrectly will affect the reimbursable earnings for this staff member any benefits being requested in the Fringe Benefits section.



Personnel 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	0.00	0.00	Salary	0.00%	\$0.00	\$0.00	+
CPO	0.00	0.00	Salary	0.00%	\$0.00	\$0.00	+
Program Assistant	96.00	25.00	Salary \$1,687.80				4 +
Program Coordinator	21.00	96.00	Salary \$20.00				3 +

25 "Hours on Grant" are being requested for this staff member during this pay period. However, the timesheet indicates 22 hours worked on the T.R.A.I.L. program. This field should be entered as 22.

Attachments

Name	Notes	View Attachment(s)
Payroll		Payroll_PP2.pdf 9/7/2018 1:02 PM
Timesheet		Timesheets_PP2.pdf 9/14/2018 7:16 AM

This line item has been transposed meaning that "Hours this Pay Period" and "Hours on Grant" have been switched. This line item should be entered as 96 "Hours this pay period" and 21 "Hours on grant."

Total Personnel Requested: \$822.99
Personnel Approved: \$822.99
Personnel Balance: \$0.00
Personnel Budgeted: \$0.00

Monthly Activity Report

John Doe
Employee's Name (required)

Program Assistant
Position (required)

10/16/18-10/31/18
Month/Year (required)

BGC Example Land
Name of Organization (required)

Gambrills, MD
City/State (required)

Day of the Month	T.R.A.I.L. Program	Operations/ Administration	Paid Time Off							TOTAL
1-Oct	-	-								0.00
2-Oct	-	-								0.00
3-Oct	-	-								0.00
4-Oct	-	-								0.00
5-Oct	-	-								0.00
6-Oct	-	-								0.00
7-Oct	-	-								0.00
8-Oct	-	-								0.00
9-Oct	-	-								0.00
10-Oct	-	-								0.00
11-Oct	-	-								0.00
12-Oct	-	-								0.00
13-Oct	-	-								0.00
14-Oct	-	-								0.00
15-Oct	-	-								0.00
16-Oct	2.00	6.00								8.00
17-Oct	1.00	7.00								8.00
18-Oct	-	8.00								8.00
19-Oct	3.00	5.00								8.00
20-Oct	-	-								0.00
21-Oct	-	-								0.00
22-Oct	-	8.00								8.00
23-Oct	4.00	4.00								8.00
24-Oct	4.00	4.00								8.00
25-Oct	1.00	7.00								8.00
26-Oct	-	8.00								8.00
27-Oct	-	-								0.00
28-Oct	-	-								0.00
29-Oct	3.00	5.00								8.00
30-Oct	4.00	4.00								8.00
31-Oct	-	8.00								8.00
TOTAL	22.00	74.00	-	-	-	-	-	-	-	96.00
%	22.92%	77.08%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	

The activity report does not have any signatures. All activity reports/timesheets need both employee and supervisor signatures.



Fringe Benefits

Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes
Accountant								+
	FICA	SUTA	Workers Comp	Retirement	Other	Total Benefits Requested	Total Benefits Approved	
						\$0.00	\$0.00	
Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes
CPO								+
	FICA	SUTA	Workers Co				Total Benefits Approved	
							\$0.00	
Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes
Program Assistant								+
	FICA	SUTA	Workers Co				Total Benefits Approved	
	7.560%	\$54.98				\$54.98	\$54.98	
Title	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes
Program Coordinator								+
	FICA	SUTA	Workers Comp	Retirement	Other	Total Benefits Requested	Total Benefits Approved	
	7.650%	\$7.32				\$7.32	\$7.32	

6

FICA has been entered incorrectly for this line item (7.560%). This field should be entered as 7.650% as FICA is the same rate for everyone.



Fringe Benefits

Title Accountant	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes
	FICA	SUTA	Workers Comp	Retirement	Other	Total Benefits Requested \$0.00	Total Benefits Approved \$0.00	
Title CPO	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes
	FICA	SUTA	Workers Comp	Retirement	Other	Total Benefits Requested \$0.00	Total Benefits Approved \$0.00	
Title Program Assistant	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes
	FICA 7.560% \$54.98	SUTA	Workers Comp				Total Benefits Approved \$54.98	
Title Program Coordinator	Medical	Dental	Vision	Short Term	Long Term	Life	Other	Notes
	FICA 7.650% \$7.32	SUTA	Workers Comp	Retirement	Other	Total Benefits Requested \$7.32	Total Benefits Approved \$7.32	

No supporting documentation is needed when requesting reimbursement for FICA because it is the same rate for everyone.

Fringe Attachments

7

Name	Notes	View Attachment(s)
Benefits		Payroll_PP2.pdf 9/7/2018 1:11 PM

Total Requested
(this reimbursement)
\$0.00

Balance
(not including pending requests)
\$0.00

Total Budgeted
\$0.00

Supplies

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Digital Camera	\$0.00	1.00	\$0.00	+	
Healthy Foods	\$35.48	1.00	\$35.48	+	Healthy Snacks.pdf 9/14/2018 7:24 AM
Office/Program Supplies	\$0.00	1.00	\$0.00	+	
Physical Activity Supplies	\$1,593.54	1.00	\$1,593.54	+	Physical_Activity_Supplies.pdf 9/7/2018 1:08 PM
Printer	\$0.00	1.00	\$0.00	+	

Total Requested
(this reimbursement)
\$1629.02

Balance
(not including pending requests)
\$0.00

Total Budgeted
\$0.00

Travel

Item	Notes	Attachments
Event Transportation	+	
Mileage	+	
National Training	+	
National Training	+	

Information needs to be provided in the line item notes connecting the purchase to the T.R.A.I.L. program. All food purchases need to be linked to a specific event/purpose.
(EXAMPLE: The food items purchased at Target were healthy snacks for our T.R.A.I.L. participants during weekly sessions.)

Total Requested
(this reimbursement)
\$0.00

Balance
(not including pending requests)
\$0.00

Total Budgeted
\$0.00

9



Nut Blend—
Celery Sticks—
Peanut Butter—
Raisins—
Apples—
100% Orange Juice—

GROCERY
071081973
211210103
212020216
212020636
261070119
266050104
267008011
270140174
284040431
284100221

PLANTERS	FN	\$6.99	↓
DANDY VEGETA	FN	\$2.49	
JIF NATURAL	FN	\$2.49	
JIF NATURAL	FN	\$2.49	
SUN MAID	FN	\$2.69	

Healthy
Snacks

The receipt for "Healthy Foods" does not have a purchase date. All receipts must have a purchase date to ensure that expenses were incurred during the program year and not after the end date of the current request.

T = MN

AMEX CHARGE \$35.48
AID: A000000025010801
AMERICAN EXPRESS

↓ INDICATES SAVINGS

REC#2-8129-0052-0076-1983-6 VCD#750-254-548

TRAIL



Expenses

Other Costs

Item	Rate	Quantity	Amount Requested	Amount Approved	Notes	Attachments
Bowling - Admission Fee	\$0.00	1.00	\$0.00	\$0.00	+	
Skating - Admission Fee	\$0.00	1.00	\$0.00	\$0.00	+	
Swimming - Admission Fee	\$0.00	1.00	\$0.00	\$0.00	+	
			Total Requested (this reimbursement)	Total Approved (this reimbursement)	Balance (not including pending requests)	Total Budgeted
			\$0.00	\$0.00	\$0.00	\$0.00

Supplies

Item	Rate	Quantity	Amount Requested	Amount Approved	Notes	Attachments
Digital Camera	\$0.00	1.00	\$0.00	\$0.00	+	
Healthy Foods	\$35.48	1.00	\$35.48	\$35.48	+	Healthy Snacks.pdf 9/14/2018 7:24 AM
Office/Program Supplies	\$0.00	1.00	\$0.00	\$0.00	+	
Physical Activity Supplies	\$1,593.54	1.00	\$1,593.54	\$1,593.54	+	Physical_Activity_Supplies.pdf 9/7/2018 1:08 PM
Printer	\$0.00	1.00	\$0.00	\$0.00	+	
			Total Requested (this reimbursement)	Total Approved (this reimbursement)	Balance (not including pending requests)	Total Budgeted
			\$1629.02	\$1629.02	\$0.00	\$0.00

10

According to the supporting documentation attached to this line item, the expenses total \$1,539.54. The rate for "Physical Activity Supplies" should be entered as \$1,539.54.

Total Requested
(this reimbursement)
\$0.00

Balance
(not including pending requests)
\$0.00

Total Budgeted
\$0.00

Supplies

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Digital Camera	\$0.00	1.00	\$0.00	+	
Healthy Foods	\$35.48	1.00	\$35.48	+	Healthy Snacks.pdf 9/14/2018 7:24 AM
Office/Program Supplies	\$0.00	1.00	\$0.00	+	
Physical Activity Supplies	\$1,593.54	1.00	\$1,593.54	11	Physical_Activity_Supplies.pdf 9/7/2018 1:08 PM
Printer	\$0.00	1.00	\$0.00	+	

The notes provided are not sufficient. Information needs to be provided in the line item notes regarding the purpose of the supplies purchased as they related to/were used for/supported the T.R.A.I.L. program/participants.

Travel

Item	Amount Requested	Notes	Attachments
Event Transportation	\$0.00	+	
Mileage	\$0.00	+	
National Training - Baggage Fee	\$0.00	+	
National Training - Parking	\$0.00	+	

Total Requested
(this reimbursement)
\$0.00

Balance
(not including pending requests)
\$0.00

Total Budgeted
\$0.00



Contract Specialist

12

Item	Rate	Quantity	Amount Requested	Amount Approved	Notes	Attachments
Healthy Cooking Demonstration	\$0.00	1.00	\$0.00	\$0.00	+	Healthy Snacks.pdf 9/7/2018 1:24 PM
Physical Fitness/Sports Instruction	\$0.00	1.00	\$0.00	\$0.00	+	
			Total Approved (this reimbursement)	Balance (not including pending requests)	Total Budgeted	
			\$0.00	\$0.00	\$0.00	

Supporting documentation has been uploaded for this line item, but no expenses are being requested. Expenses must be requested for this line item that accurately reflect the supporting documentation or the attachment should not be uploaded.

Equipment

Item	Amount Requested	Amount Approved	Notes	Attachments
Laptop	\$550.00	\$550.00		
		Total Approved (this reimbursement)	Balance (not including pending requests)	Total Budgeted
		\$550.00	\$0.00	\$0.00

Expense Attachments

Name	Notes	View Attachment(s)
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Contract Specialist

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Healthy Cooking Demonstration	\$0.00	1.00	\$0.00	+	Healthy Snacks.pdf 9/7/2018 1:24 PM
Physical Fitness/Sports Instruction	\$0.00	1.00	\$0.00	+	
			Total Requested (this reimbursement)	Balance (not including pending requests)	Total Budgeted
			\$0.00	\$0.00	\$0.00

Equipment

Item	Rate	Quantity	Amount Requested	Notes	Attachments
Laptop	\$550.00	1.00	\$550.00		
			Total Requested (this reimbursement)	Balance (not including pending requests)	Total Budgeted
			\$550.00	\$0.00	\$0.00

Expenses are being requested for this line item, but there is no supporting documentation attached. Applicable supporting documentation must be uploaded for all expenses.

Expense A

Name Attachment(s)

Total Expense Requested: \$2,179.02
Expense Balance: \$6,011.50



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



Diabetes Prevention

Best Practices



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



Diabetes Prevention

Budget Revision Overview

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 [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.
- A budget category 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 is not significant.
- A staff member changes from hourly to salaried or vice versa.
- The Office/Program Supplies line item has been overspent, but the 'Supplies' category 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 supplies category will be overspent by more than 10%, it is necessary to move funds from another category where expenses were less than anticipated to cover these costs.

Budget Revision Request

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.

Budget Revision Request

Sample “***Personnel & Fringe Notes***” note:

5/7/18: We are requesting a budget revisions 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.



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

0.20 % \$17.68

0.20 % \$17.68

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.

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

Budget Revision Request

Notes included in the “*Expense 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 requests.

Budget Revision Request

Sample “***Expense Notes***” note:

5/7/18: 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.



Add Expenses

Item Category

Add Expense

Add Mileage

Update Amounts

Delete

Notes

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

Expense Notes

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: \$ 6,541.50

Total Budget Amount: \$ 18,000.00

Questions or Further Assistance

Aji Bakare

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Matt Bieler

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Robin Paterson

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Gambrills, MD -Eastern Time