



Financial Online Reporting (Reimbursement Request Submission) 2021 NCAI Fund Victim Services Micro-grant Program

JULY 13, 2021

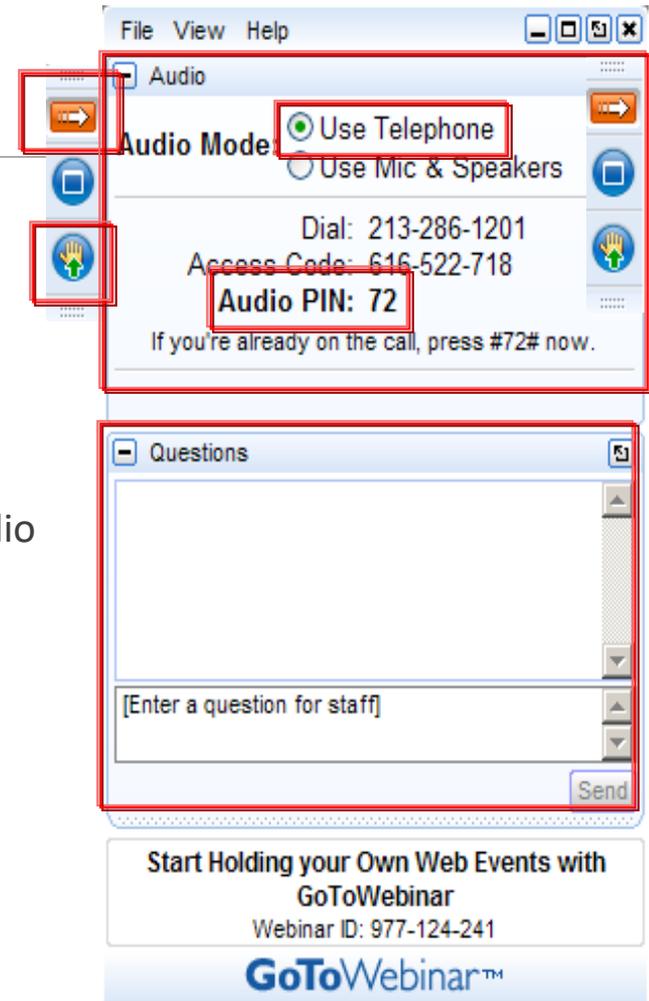
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Before we begin...

Here are some friendly housekeeping reminders:

1. Your control panel will appear on your user screen.
2. To minimize the control panel, use the orange arrow at the top left panel.
3. All attendees will be muted during the presentation.
4. Once you call into the meeting call line, enter your Audio PIN shown on your control panel.
 - i. In Audio: you can view, select, and test your audio.
5. Use the questions box on your panel to submit questions and responses via text.
6. During the discussion portion, please 'raise' your hand by clicking the hand icon to signal to be unmuted.
7. Everyone will receive an email with a link to a survey about today's session.
8. A recording of the webinar will be made available on www.TribalVictimServices.org.



Welcome

Goal: Provide guidance on how to successfully submit your reimbursement requests for the NCAI Fund Victim Services Micro-grant Program.

Panelist:

- Robin Paterson, Project Manager, FirstPic, Inc.

Reimbursement Request Process

- Reimbursement requests must be submitted monthly.
- Requests should be submitted by the 15th of each month following the month the expenses were incurred (based on closest pay periods).

Reimbursement Request Process (cont'd)

- Reimbursement requests submitted later than the required schedule may experience a delay in processing.
- Reimbursement requests are submitted based on the expenses included in your approved budget.
- **If you have any questions about whether expenditures are permissible, contact us to ask BEFORE incurring the expense. NCAI cannot reimburse for impermissible costs.**

Reimbursement Request Process (cont'd)

FirstPic, Inc. reviews request

(Levels 1 and 2 review)

NCAI Fund reviews request

(Levels 3 and 4 review)

NCAI Fund pays approved request

Helpful Tips for Submitting a Successful Reimbursement Request

- Reporting dates for reimbursement requests are based on pay period dates, which are not necessarily calendar months. Pay period dates **must** match reporting dates.
- It is 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 need to be entered into the correct line items for the applicable expense.

Helpful Tips for Submitting a Successful Reimbursement Request (cont'd)

- Include proper and complete supporting documentation.
 - Itemized receipts
 - Proof of Payment
 - Time sheets/activity reports
 - Proper payroll documentation
 - Additional procurement documentation (as applicable)
- Include a summary sheet when submitting several receipts for the same line item.
- Provide relevant information in the notes section as applicable.
- Hours listed on time sheets/activity reports need to match hours indicated on payroll documentation.

Helpful Tips for Submitting a Successful Reimbursement Request (cont'd)

- If a purchase (or purchases in aggregate from the same vendor) exceeds the threshold for a micro-purchase as defined by your tribe's procurement policy, you must submit back-up documentation of the procurement process with your reimbursement.
 - The documentation is provided as handouts on this webinar.
 - For more information about the procurement requirements, please watch the Procurement Technical Assistance Calls below:
 - Vehicle procurement - <https://www.youtube.com/watch?v=DSJnvsbJZ38>
 - Contract services procurement - <https://www.youtube.com/watch?v=pMxZ41OxT-w>

Helpful Tips for Submitting a Successful Reimbursement Request (cont'd)

- If the rate for procurement contracts exceeds the OJP set limits of \$81.25/hour or \$650/day, you will be required to submit documentation once you procure the contract services to receive approval of the final rate from NCAI (prior to engaging the contractor).
- There is a high level of scrutiny around the purchase and use of gift cards by DOJ and the Office of Inspector General
 - Must comply with internal controls around the distribution and use of these items
 - Generic gift cards (*e.g.*, Visa gift cards) are not allowed
- If planning to purchase and use gift cards, your tribe must have a gift card procurement policy reviewed and approved by NCAI Fund prior to receiving reimbursement for gift card expenses.

Sign in at

<https://firstpic.force.com/ncai/>



Username

Password

[Log In](#)

Remember me

[Forgot Your Password?](#)

FirstPic employee? [Log In](#)

Two ways to create a reimbursement

- From the reimbursements tab
- From the Sub-Grants tab

Creating a request: From the Reimbursements tab.

The screenshot shows the NCAI dashboard interface. At the top left is the NCAI logo and the text "NCAI OVC Example Org 2". The top navigation bar includes "Dashboard", "About", "Applications", "Sub-Grants", "Reimbursements", and "Logout". The "Reimbursements" tab is highlighted with a red box and an arrow pointing to it from a text box below. Below the navigation bar, the user is greeted with "HELLO MATT BIELER (LOCAL).". A red banner contains the text "To complete your Stage 2 application click here.". Below this is a section titled "Incomplete Applications" containing a table with one row of application data.

| Application Id | Status |
|----------------|-------------------|
| APP-00442 | Sent to Applicant |

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



REIMBURSEMENT REQUESTS

Request Id: Grant: View All

Status: All In Progress Sort By: Request Date

All In Progress

No Reimbursements Found

1 Select the grant number for your award.

2 Click "Create Reimbursement" to begin a new reimbursement request.

Creating a request: From the Sub-Grants tab.

HELLO MATT BIELER (LOCAL).

To complete your Stage 2 application click here.

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

| Incomplete Applications | | |
|-------------------------|-------------------|----------------|
| Application Id | Status | Submitted Date |
| APP-00442 | Sent to Applicant | |



SUB-GRANTS

Grant: Sub-Grant Name:

Status: Sort By:

View All

| Sub-Grant Name | Awarded | Total Budgeted | Requested Amount | Approved Amount | Balance | Status |
|-------------------------|-------------|----------------|------------------|-----------------|-------------|----------|
| OVC Example Org 2 Grant | \$75,000.00 | \$74,090.24 | \$0.00 | \$0.00 | \$74,090.24 | Approved |

1 - 1 of 1 « ‹ › »

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.

Indirect Cost

Indirect Cost Budgeted
\$10,482.88

Indirect Cost Approved
\$0.00

Indirect Cost Remaining
\$10,482.88

Attachments

| Name | Notes | Edit/Upload View Attachment(s) |
|--------------|-------|---|
| Workers Comp | |  Test Upload.pdf |

[Download Verification Letter Template](#)

Upload Attachment

General Notes from National

Reviewer Notes:
8/17/2020: Test send back.

View Reimbursements

Update Budget

Create Reimbursement

ed Amount: \$ 63,607.36

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

Building a Reimbursement Request



OVC EXAMPLE ORG 2 GRANT

BALANCE: \$74,090.24

Reimbursement Details

Reimbursement Date Range: From: To:

How many pay periods are in the request period?

Cancel Save Save and Exit Next

1

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.

2

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"

If you do not have any personnel costs during this reporting period to claim and are just submitting for general expenses, the date range reflected should encompass the dates the general expenses were incurred and you would enter "0" for number of pay periods in the request period.

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



OVC EXAMPLE ORG 2 GRANT

Total Awarded: \$75,000.00

Total Budgeted: \$
Balance: \$74,090.24

Status: Incomplete

Request Id: R-5625

Organization: OVC

Personnel Pay Period: 1

1 Enter the total number of hours each employee worked/was paid during this pay period and the number of those hours that were worked on the program.

| Title | Hours this Pay Period | Hours on Grant |
|---------|-----------------------|----------------|
| Staff 1 | 0.00 | 0.00 |
| Staff 2 | 0.00 | 0.00 |
| Staff 3 | 0.00 | 0.00 |

| Hourly/Salary | Rate |
|---------------|---------|
| Salary | 2000.00 |
| Hourly | 12.00 |
| Hourly | 10.00 |

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

Attachments

No Attachments Found

2 Ensure this designation is correct; change as necessary.

This will default to what is in your approved budget, but may be changed here as needed.

4 For hourly employees, enter their hourly rate of pay.

Requested Personnel: \$0.00

Personnel Balance: \$32,921.03

Personnel Budgeted Amount: \$34,134.34



Total Awarded: \$75,000.00
Total Budgeted: \$
Balance: \$74,090.24

OVC EXAMPLE ORG 2 GRANT

Request Id: R-5625 Organization: OVC Example Org 2 Date Range: 07/01/2020 - 07/31/2020 Pay Periods: 2 Status: Incomplete

Personnel Pay Period: 1

| Title | Hours this Pay Period | Hours on Grant | Hourly/Salary Rate ? |
|---------|-----------------------|----------------|----------------------|
| Staff 1 | 40.00 | | |
| Staff 2 | 40.00 | | |
| Staff 3 | 27.50 | | |

| % Time on Grant this Pay Period | Total Pay Requested | Notes |
|---------------------------------|---------------------|-------|
| 10.00% | \$200.00 | + |
| 7.50% | \$36.00 | + |
| 10.91% | \$30.00 | + |

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: \$266.00
Personnel Balance: \$32,921.03
Personnel Budgeted Amount: \$34,134.34



OVC EXAMPLE ORG 2 GRANT

Total Awarded: \$75,000.00
Total Budgeted: \$
Balance: \$74,090.24

Request Id: R-5625 Organization: OVC Example Org 2 Date Range: 07/01/2020 - 07/31/2020 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 |
|---------|-----------------------|----------------|---------------|----------|---------------------------------|---------------------|-------|
| Staff 1 | 40.00 | 4.00 | Salary ▾ | 2,000.00 | 10.00% | \$200.00 | + |
| Staff 2 | 40.00 | 3.00 | Hourly ▾ | 12.00 | 7.50% | \$36.00 | + |
| Staff 3 | 27.50 | 3.00 | Hourly ▾ | 10.00 | 10.91% | \$30.00 | + |

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: \$266.00
Personnel Balance: \$32,921.03
Personnel Budgeted Amount: \$34,134.34

Line item notes are not required in this section, unless there is something specific that needs to be clarified (a staffing change, pro-rating a salary, etc.).



OVC EXAMPLE ORG 2 GRANT

Total Awarded: \$75,000.00
Total Budgeted: \$
Balance: \$74,090.24

Request Id: R-5625 Organization: OVC E

Pay Periods: 2 Status: Incomplete

Personnel Pay Period: 1

| Title | Hours this Pay Period | Hours on Gr |
|---------|-----------------------|-------------|
| Staff 1 | 40.00 | 4.00 |
| Staff 2 | 40.00 | 3.00 |
| Staff 3 | 27.50 | 3.00 |

| ent this Pay Period | Total Pay Requested | Notes |
|---------------------|---------------------|-------|
| 00% | \$200.00 | ± |
| 50% | \$36.00 | + |
| 91% | \$30.00 | + |

Attachments

No Attachments Found

Upload Attachment

Notes for Staff 1

Reviewer Notes:

No Notes from National

Close

Save

Enter your notes in the box.
Click Save.

Previous Update Amounts Save Save and Exit Next

Total Requested Personnel: \$266.00
Personnel Balance: \$32,921.03
Personnel Budgeted Amount: \$34,134.34
Total Requested Amount: \$266.00

OVC EXAMPLE ORG 2 GRANT

This speech bubble icon will appear after you have entered notes.

75,000.00
Budgeted: \$
74,090.24
Incomplete

Request Id: R-5625 Organization: OVC Example Org 2 Date Range: 07/01/2020 - 07/31/2020

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 |
|---------|-----------------------|----------------|----------------------|---------------------------------|---------------------|---|
| Staff 1 | 40.00 | 4.00 | Salary 2,000.00 | 10.00% | \$200.00 |  |
| Staff 2 | 40.00 | | | 7.50% | \$300.00 | + |
| Staff 3 | 27.50 | | | | | + |

To attach the required supporting documentation, click the “Upload Attachment” button.

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 **(recommended)**. You do not need to upload separate documents for each staff member.

Upload Attachment

Previous Update Amounts Sa

\$266.00
.921.03
.134.34
...

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



OVC EXAMPLE ORG 2 GRANT

Total Awarded: \$75,000.00
Total Budgeted: \$
Balance: \$74,090.24

Request Id: R-5625 Organization: OVC Example Org 2 Pay Periods: 2 Status: Incomplete

Personnel Pay Period: 1

| Title | Hours this Pay Period | Hours on Grant | Percentage | Total Pay Requested | Notes |
|---------|-----------------------|----------------|------------|---------------------|-------|
| Staff 1 | 40.00 | 4.00 | 100% | \$200.00 | - |
| Staff 2 | 40.00 | 3.00 | 50% | \$36.00 | + |
| Staff 3 | 27.50 | 3.00 | | \$30.00 | + |

Add New Document

1 Select the type of document you are uploading: "Payroll" or "Timesheet"

Payroll

Notes:

2 Click "Upload New Attachment"

Close Save and Close Upload New Attachment

Please, do **not** enter any notes in the area.

Attachments

No Attachments

Upload Attachment

Previous Update Amounts Save Save and Exit Next

Total Requested Personnel: \$266.00
Personnel Balance: \$32,921.03
Personnel Budgeted Amount: \$34,424.24

1

You may leave this blank; however, if you choose to name the file for the upload, type in the new name here.

If you enter a name, **please** end the name with “.pdf” as some systems have challenges opening the file when renamed without this format label.

2

Click “Choose File” to select the file to upload. **The file must be a pdf.**

3

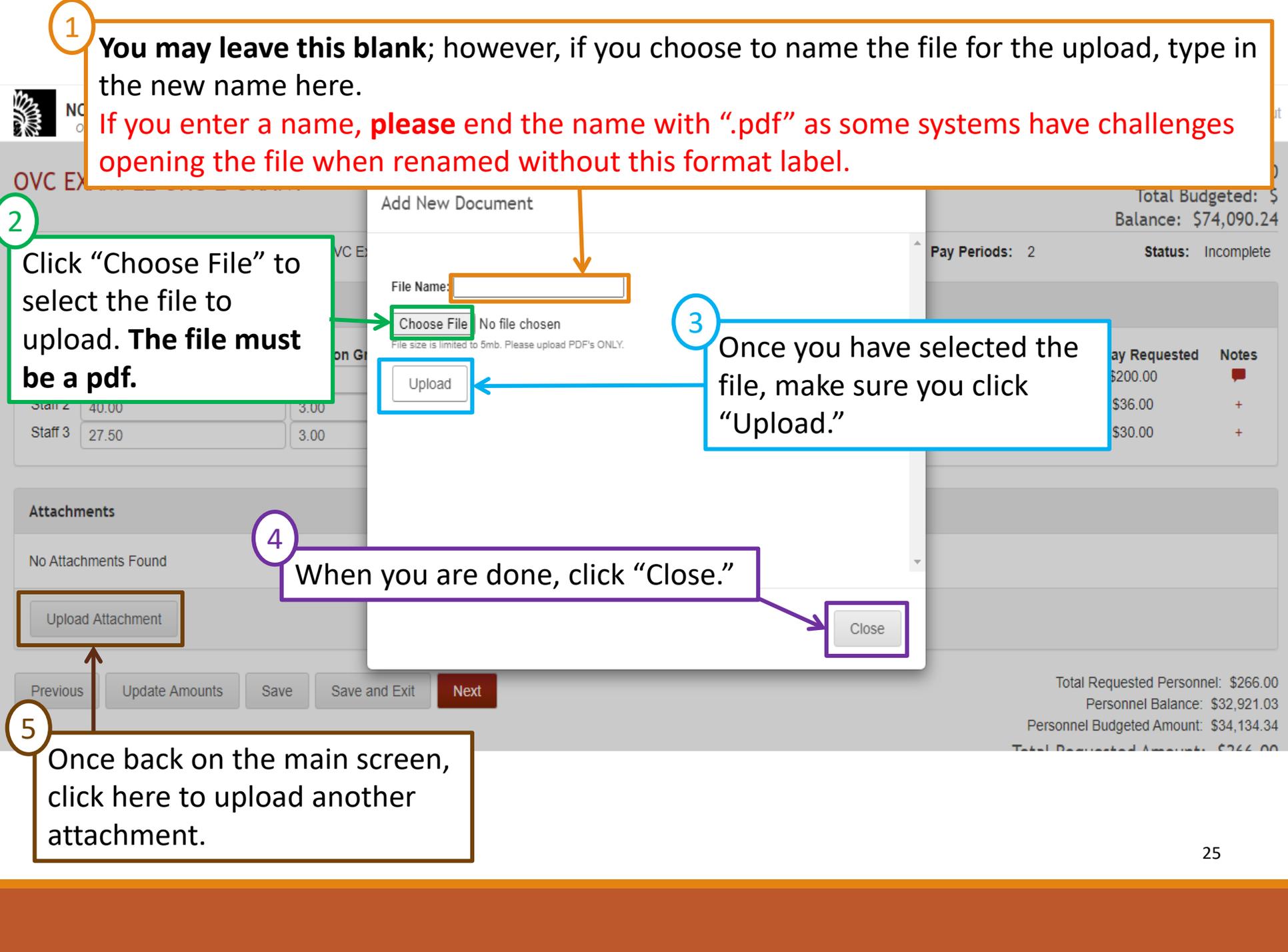
Once you have selected the file, make sure you click “Upload.”

4

When you are done, click “Close.”

5

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



Request Id: R-5625 Organization: OVC Example Org 2 Date Range: 07/01/2020 - 07/31/2020

1 To delete an attachment, click the circled "x" to the left of the Name.

2 Notice that multiple attachments have been uploaded in the same chain for payroll documentation. This happens when you don't close out of the *Add New Document* screen in between document uploads.

| Name | Notes | Edit/Upload | View Attachment(s) |
|------------------------------------|-------|-------------|---------------------------------|
| <input type="checkbox"/> Payroll | | | Test Upload.pdf Test Upload.pdf |
| <input type="checkbox"/> Timesheet | | | Test Upload.pdf |

Upload Attachment

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

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

Total Requested Personnel: \$266.00
Personnel Balance: \$32,921.03
Personnel Budgeted Amount: \$34,134.34



OVC EXAMPLE ORG 2 GRANT

\$75,000.00
Budgeted: \$
\$74,090.24

Incomplete

Notes

+

+

Request Id: R-5625 Organization: OVC Exar

Personnel Pay Period: 1

| Title | Hours this Pay Period | Hours on G |
|---------|-----------------------|------------|
| Staff 1 | 40.00 | 4.00 |
| Staff 2 | 40.00 | 3.00 |
| Staff 3 | 27.50 | 3.00 |

When deleting attachments, this question will appear.

Delete Payroll

Are you sure you want to delete this document? This cannot be undone.

Cancel Delete

To confirm that you want to delete the supporting documentation, click "Delete." Or "Cancel" if you clicked the delete option in error.

Attachments

| Name | Notes | Edit/Upload View Attachment(s) |
|-----------|-------|---------------------------------|
| Payroll | | Test Upload.pdf Test Upload.pdf |
| Timesheet | | Test Upload.pdf |

You will not be given the option to select an individual attachment if all documents were uploaded in the same chain.

OVC EXAMPLE ORG 2 GRANT

Total Awarded: \$75,000.00
Total Budgeted: \$
Balance: \$74,090.24

Request Id: R-5625 Organization: OVC Example Org 2 Date Range: 07/01/2020 - 07/31/2020 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 |
|---------|-----------------------|----------------|---------------|----------|---------------------------------|---------------------|-------|
| Staff 1 | 40.00 | 4.00 | Salary | 2,000.00 | 10.00% | \$200.00 | + |
| Staff 2 | 40.00 | 3.00 | Hourly | 12.00 | 7.50% | \$36.00 | + |
| Staff 3 | 27.50 | | | | | | + |

This is how the screen will appear if supporting documentation is uploaded individually (closing the *Add New Document* box after each upload).

Attachments

| Name | Notes | Edit/Upload | View Attachment(s) |
|-----------|-------|-------------|--------------------|
| Payroll | | | Test Upload.pdf |
| Payroll | | | Test Upload.pdf |
| Timesheet | | | Test Upload.pdf |

Name

- Payroll
- Payroll
- Timesheet

You now have the option to select exactly which document you may need to delete.



OVC EXAMPLE ORG 2 GRANT

Total Awarded: \$75,000.00
Total Budgeted: \$
Balance: \$74,090.24

Request Id: R-5625 Organization: OVC Example Org 2 Date Range: 07/01/2020 - 07/31/2020 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 | Hourly Rate | Rate Type | Rate | % Time on Grant this Pay Period | Total Pay Requested | Notes |
|---------|-----------------------|-------------|-----------|-------|---------------------------------|---------------------|-------|
| Staff 1 | 0.00 | 0.00 | Salary | | 0.00% | \$0.00 | + |
| Staff 2 | 0.00 | 0.00 | Hourly | 12.00 | 0.00% | \$0.00 | + |
| Staff 3 | 0.00 | 0.00 | Hourly | 10.00 | 0.00% | \$0.00 | + |

Attachments

No Attachments Found

Upload Attachment

Previous Update Amounts Save Save and Exit Next

Total Requested Personnel: \$266.00
Personnel Balance: \$32,921.03
Personnel Budgeted Amount: \$34,134.34
Total Requested Amount: \$327.03

Personnel

- Time cards or attendance records are needed for all employees. Time worked on the program needs to be clearly identified and based on actual hours worked, not estimated hours worked.
- Time cards or attendance records must be signed by both the employee and supervisor.
- The grantee must follow their own written policies about overtime pay, and must document that any over-time pay was approved prior to the employee incurring the overtime hours.
- Only split pay periods at the beginning and end of the grant cycle, and at the end of the calendar year as necessary.

Personnel (cont'd)

- Staff members' titles must match the titles in your approved budget. Position titles, as listed in the reimbursement request, should also be indicated on the pay stub/payroll ledger and/or time sheet/activity reports.
- Submit the payroll supporting documentation (pay stub or payroll ledger) for each pay period covered in the reimbursement request. Supporting documentation must be separately uploaded for each pay period for which reimbursement is being requested.
- Supporting documentation should clearly identify the pay period **start and end** dates.

Personnel (cont'd)

- 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/paid for during the pay period
 2. Total number of hours worked on the program 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/paid for during the pay period
 2. Total number of hours worked on the program 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 (cont'd)

- Entries for multiple pay periods within a request need to be entered in chronological order.

(e.g., Pay Period 1: 7/4 – 7/17; Pay Period 2: 7/18 – 7/31; Pay Period 3: 8/1 – 8/14; Pay Period 4 8/15 – 8/28, etc.)

- If a staffing change occurs, add a comment in the applicable line item to note the staffing change.
- If you plan to submit all payroll documentation and timesheet documentation as a single files, please ensure the documents are scanned in the same order that staff are listed on the request. This helps us process your request faster.

OVC EXAMPLE ORG 2 GRANT

Total Awarded: \$75,000.00
Total Budgeted: \$
Balance: \$74,090.24

Request Id: R-5625 Organization: Pay Periods: 2 Status: Incomplete

Fringe Benefits

After you have completed all personnel entries for all pay periods in the request, you will come to Fringe Benefits.

| Title | Medical | Dental | Vision | Short Term | Long Term | Life | Other | Notes |
|---------|---|---|---|---|--|--|--|-------|
| Staff 1 | <input type="text" value="0.00"/> \$0.00 | <input type="text" value="0.00"/> \$0.00 | <input type="text" value="\$0.00"/> \$0.00 | <input type="text" value="\$0.00"/> \$0.00 | <input type="text" value="\$0.00"/> \$0.00 | <input type="text" value="\$0.00"/> \$0.00 | <input type="text" value="\$0.00"/> \$0.00 | + |
| | FICA <input type="text" value="\$0.00"/> \$0.00 | SUTA <input type="text" value="\$0.00"/> \$0.00 | Workers Comp <input type="text" value="\$0.00"/> \$0.00 | Retirement <input type="text" value="\$0.00"/> \$0.00 | Other <input type="text" value="\$0.00"/> \$0.00 | Total Benefits Requested \$0.00 | | |

Hours Towards Grant: 4.00
Percent Towards Grant: 5.000%
Salary Requested: \$200.00

| Title | Medical | Dental | Vision | Short Term | Long Term | Life | Other | Notes |
|---------|--|---|--|--|--|--|--|-------|
| Staff 2 | <input type="text" value="0.00"/> \$0.00 | <input type="text" value="\$0.00"/> \$0.00 | <input type="text" value="\$0.00"/> \$0.00 | <input type="text" value="\$0.00"/> \$0.00 | <input type="text" value="\$0.00"/> \$0.00 | <input type="text" value="\$0.00"/> \$0.00 | <input type="text" value="\$0.00"/> \$0.00 | + |
| | FICA <input type="text" value="0.000"/> % \$0.00 | SUTA <input type="text" value="\$0.00"/> \$0.00 | Benefits Requested \$0.00 | | | | | |

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

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

OVC Example Org 2

| | | | | | | | | |
|------------------|---------------------------------|------------------|------------------------|----------------------|---------------------|------------------------------------|-----------------------------|------------|
| Title Staff 3 | Medical \$0.00 | Dental \$0.00 | Vision \$0.00 | Short Term \$0.00 | Long Term \$0.00 | Life \$0.00 | Other \$0.00 | Notes + |
| | FICA \$0.00 | SUTA \$0.00 | Workers Comp \$0.00 | Retirement \$0.00 | Other \$0.00 | Total Benefits Requested \$0.00 | | |
| | Percent Towards Grant 5.455% | | | | | | Salary Requested \$30.00 | |

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. **No supporting documentation is needed for FICA.**

3 Upload supporting documentation for any fringe benefits included in the request, with the exception of FICA.

Previous Save Save and Exit **Next**

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

Total Requested Benefits: \$0.00
Benefits Balance: \$1,213.31
Benefits Budgeted Amount: \$1,213.31
Total Requested Amount: \$297.92

Fringe Benefits

- Fringe benefits that are paid as a set amount each month will be entered as the applicable monthly premium amount (less employee contributions) for the reimbursement request period. (*e.g.*, health, life, disability insurance premiums)
 - The system will calculate the reimbursable amount related to the percentage of time worked on the program based on the entries in Personnel.
- If premium rates are adjusted (*e.g.*, subtracting employee contributions), this information needs to be provided in the notes or directly on the supporting documentation.
- Documentation is required that identifies benefits claimed for applicable staff members.

Fringe Benefits (cont'd)

- 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 entries 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 verifying your WC, SUTA, etc. rates attached to your approved budget expires before the dates of the request, new documentation will need to be uploaded to your budget verifying the correct rate for this time period.
- Supporting documentation for rates such as WC, SUTA, etc. must also be uploaded directly to the reimbursement request.

Expenses

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

Procurement Contracts

| Item | Rate | Quantity | Amount Requested | Threshold Exceeded | Notes | Attachments |
|--------------|------|----------|------------------|--------------------|-------|-------------|
| Contractor 1 | 0.00 | 1.00 | | | + | 📎 |

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

| Balance | Total Budgeted |
|---|----------------|
| (not including pending requests) \$1250.00 | \$1250.00 |

Supplies

| Item | Rate | Quantity | Amount Requested | Threshold Exceeded | Notes | Attachments |
|-----------------|------|----------|------------------|--------------------|-------|-------------|
| Office Supplies | 0.00 | 1.00 | | | + | 📎 |

| Total Requested | Balance | Total Budgeted |
|--------------------------------|---|----------------|
| (this reimbursement) \$0.00 | (not including pending requests) \$1723.02 | \$1723.02 |

Travel

| Item | Rate | Quantity | Amount Requested | Threshold Exceeded | Notes | Attachments |
|----------|------|----------|------------------|--------------------|-------|-------------|
| Travel 1 | 0.00 | 1.00 | | | + | 📎 |

Enter the Rate (\$) and Quantity (number of items) for the items you are requesting.

Please note: When purchasing a variety of items as with Program Supplies, you may enter the total lump sum cost for “Rate” and “1” as “Quantity.”

With expenses that have a per item cost (e.g., hourly rates, monthly fees, etc.), enter the per item cost as “Rate” and the actual number of items as “Quantity” whenever possible.

ications Sub-Grants Reimbursements Logout

Total Awarded: \$75,000.00
Total Budgeted: \$
Balance: \$74,090.24

Periods: 2

Status: Incomplete

Procurement Contracts

| Item | Rate | Quantity | Amount Requested | Threshold Exceeded | Notes | Attachments |
|--------------|--------|----------|------------------|--------------------|-------|-------------|
| Contractor 1 | 500.00 | 1.00 | | | | |

Total Requested
(this reimbursement)
\$0.00

Balance
(not including pending requests)

Total Budgeted

Supplies

| Item | Rate | Quantity | Amount |
|-----------------|------|----------|--------|
| Office Supplies | 0.00 | 1.00 | |

Total Requested
(this reimbursement)
\$0.00

Notes are **required** indicating how the expense related to/supported/was used for the implementation of the program. Any special clarifications regarding the expense should also be included here.

OVC EXAMPLE ORG 2 GRANT

Total Awarded: \$75,000.00
Total Budgeted: \$
Balance: \$74,090.24

Request Id: R-5625 **Organization:** OVC Example Org 2 **Date Range:** 07/01/2020 - 07/31/2020 **Pay Periods:** 2 **Status:** Incomplete

| Expenses | | | | | | |
|-----------------------|--------|----------|--|--------------------|--|---|
| Procurement Contracts | | | | | | |
| Item | Rate | Quantity | Amount Requested | Threshold Exceeded | Notes | Attachments |
| Contractor 1 | 500.00 | 1.00 | | | |  |
| | | | Total Requested (this reimbursement) | | Balance (not including pending requests) | Total Budgeted |
| | | | \$0.00 | | \$1250.00 | \$1250.00 |
| Supplies | | | | | | |
| Office Supplies | | | | | | |
| | | | | | | Total Budgeted |
| | | | \$0.00 | | \$1723.02 | \$1723.02 |

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.

1

You may leave this blank; however, if you choose to name the file for the upload, type in the new name here.

If you enter a name, **please** end the name with “.pdf” as some systems have challenges opening the file when renamed without this format label.

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.

Upload New Attachment

File Name:

No file chosen
File size is limited to 5mb. Please upload PDF's ONLY.

OVC EXAMPLE ORG 2 GRANT

Total Awarded: \$75,000.00
Total Budgeted: \$
Balance: \$74,090.24

Request Id: R-5625 **Organization:** OVC Example Org 2 **Date Range:** 07/01/2020 - 07/31/2020 **Pay Periods:** 2 **Status:** Incomplete

| Expenses | | | | | | |
|-----------------------|--------|----------|--|--------------------|--|---|
| Procurement Contracts | | | | | | |
| Item | Rate | Quantity | Amount Requested | Threshold Exceeded | Notes | Attachments |
| Contractor 1 | 500.00 | 1.00 | | | |   Test Upload.pdf 8/19/2020 7:11 AM |
| | | | Total Requested (this reimbursement) | | Balance (not including pending requests) | Total Budgeted |
| | | | \$0.00 | | \$1250.00 | \$1250.00 |

| Supplies | | | | | | |
|-----------------|------|----------|------------------|--------------------|-------|-------------|
| Item | Rate | Quantity | Amount Requested | Threshold Exceeded | Notes | Attachments |
| Office Supplies | 0.00 | 1.00 | | | | |

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



Equipment

| Item | Rate | Quantity | Amount Requested | Indirect Amount | Threshold Exceeded | Notes | Attachments |
|-----------|-----------------------------------|-----------------------------------|------------------|-----------------|--------------------|-------|-------------|
| Vehicle 1 | <input type="text" value="0.00"/> | <input type="text" value="1.00"/> | | | | + | |
| Vehicle 2 | | | | | | + | |

Balance (including requests) 0.00

Total Budgeted \$27000.00

Your initial reimbursement request must include a copy of the Tribe's or organization's W-9 and a completed copy of the NCAI Direct Deposit form.

Update Amounts

Note

Initial reimbursements must include a copy of the Tribe's or organization's W-9 and a completed copy of the NCAI Direct Deposit form which can be downloaded [here](#).

Attachments 0

No Attachments Found

Upload Attachment

The W-9 and direct deposit forms can be uploaded to the reimbursement request by clicking the "Upload Attachment" button.

Equipment

| Item | Rate | Quantity | Amount Requested | Threshold Exceeded | Notes | Attachments |
|-----------|-----------------------------------|-----------------------------------|--|--|-------------------------------------|-------------|
| Vehicle 1 | <input type="text" value="0.00"/> | <input type="text" value="1.00"/> | \$0.00 | | + | |
| Vehicle 2 | <input type="text" value="0.00"/> | <input type="text" value="1.00"/> | \$0.00 | | + | |
| | | | Total Requested (this reimbursement) \$0.00 | Balance (not including pending requests) \$25000.00 | Total Budgeted \$25000.00 | |

Update Amounts

Attachments

No Attachments Found

Upload Attachment

Previous Save Save and Exit

Review and Submit

You can check your request totals here.

When you have finished, click "Review and Submit."

Total Personnel Requested: \$266.00
Total Fringe Requested: \$0.00
Total Expense Requested: \$500.00
Total Indirect Rate Requested: \$91.92
Total Requested Amount: \$797.92

Total Awarded: \$60,000.00
Total Budgeted: \$
Balance: \$60,000.00
Status: Incomplete

This pop up will appear if any single line items in your reimbursement request exceed the procurement threshold you identified in your budget. This is to ensure the necessary supporting documentation has been attached. If it has been, click continue to move to the next step. Otherwise, click cancel to go back and include that documentation.

Review & Submit

Items in your reimbursement exceed the Procurement Threshold. Are you sure you want to continue?

Cancel **Continue**

TEST 5

Request Id: R-15327 Org

Expenses

Supplies

Item

Office Supplies

Rate
175.00

Notes Attachments

Test Upload.pdf 8/31/2020 1:38 PM

Balance

(including pending requests)

\$332.56

Total Budgeted

\$2332.56

Sub Awards

Item

Sub-Award

Rate
3,500.00

1.00

\$3,500.00

Notes Attachments

Test Upload.pdf 8/31/2020 1:39 PM

Total Requested

(this reimbursement)

\$3500.00

Balance

(not including pending requests)

\$30000.00

Total Budgeted

\$30000.00

Update Amounts

Attachments

No Attachments Found

TEST 5

Request Id:

NOTE: This r

Personnel P

Once you click "Review and Submit," you will see a review screen for your total request. Please review to ensure all items are entered correctly, notes are included where required, and all supporting documentation is uploaded correctly. If everything is correct, hit "Submit." Otherwise scroll down to the bottom of the page and click "Edit."

Total Awarded: \$60,000.00
 Total Budgeted: \$55,000.00
 Balance: \$60,000.00

Pay Periods: 1 Status: Revision in Progress

Submit

| Title | Hours this Pay Period | Hours on Grant | Hourly/Salary | Rate ? | % Time on Grant this Pay Period | Total Pay Requested | Notes |
|---------------------|-----------------------|----------------|---------------|------------|---------------------------------|---------------------|-------|
| CEO | 160.00 | 16.00 | Salary | \$2,500.00 | 10.0% | \$250.00 | + |
| Program Coordinator | 160.00 | 10.00 | Hourly | \$25.00 | 6.2% | \$250.00 | + |

Attachments

| Name | Notes | View Attachment(s) |
|-----------|-------|---|
| Payroll | | Test Upload.pdf 8/31/2020 1:35 PM |
| Timesheet | | Test Upload.pdf 8/31/2020 1:35 PM |

Total Personnel Requested: \$500.00 ?
 Submitted Personnel Balance: \$20,099.83 ?
 Personnel Balance: \$20,599.83 ?
 Personnel Budgeted: \$20,599.83 ?

Fringe Benefits

TEST 5

Total Awarded: \$60,000.00
Total Budgeted: \$55,000.00
Balance: \$60,000.00

Request Id: R-15327 Organization: TRAIL BGC of Example Land Date Range: 08/01/2020 - 08/31/2020 Pay Periods: 1 Status: Pending First Approval

Personnel Pay Period: 1

| Title | Hours this Pay Period | Grant this Pay Period | Total Pay Requested | Notes |
|---------------------|-----------------------|-----------------------|---------------------|-------|
| CEO | 160.00 | 10.0% | \$250.00 | + |
| Program Coordinator | 160.00 | 6.2% | \$250.00 | + |

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

Attachments

| Name | Notes | View Attachment(s) |
|-----------|-------|---|
| Payroll | | Test Upload.pdf 8/31/2020 1:35 PM |
| Timesheet | | Test Upload.pdf 8/31/2020 1:35 PM |

Total Personnel Requested: \$500.00
Submitted Personnel Balance: \$20,099.83
Personnel Balance: \$20,599.83
Personnel Budgeted: \$20,599.83

Fringe Benefits

| Title | Medical | Dental | Vision | Short Term | Long Term | Life | Other | Notes |
|-------|---------|--------|--------------|------------|-----------|--------------------------|--------|-------|
| CEO | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | + |
| | FICA | SUTA | Workers Comp | Retirement | Other | Total Benefits Requested | | |
| | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | |

REIMBURSEMENT REQUESTS

All In Progress

| Request Id | Sub-Grant Name | Status |
|------------|----------------|----------|
| R-15325 | TEST 4 | 8/1/2025 |
| R-15327 | TEST 5 | 8/1/2025 |

Create Reimbursement

The request will now be listed as “Pending Approval” on the Reimbursements page.
If it is sent back for revisions, it will be listed as “Revisions Needed.”
Once it is approved, it will be listed as “Approved.”

Grant: View All

All In Progress Sort By: Request Date Update

Export Results

| Status |
|------------------|
| Pending Approval |
| Pending Approval |

1 - 2 of 2

To see exactly which level of approval the reimbursement request is at, open the reimbursement request by clicking on the “Request ID.”

TEST 5

Total Awarded: \$60,000.00
Total Budgeted: \$55,000.00
Balance: \$60,000.00

Request Id: R-15327 Organization: TRAIL BGC of Example Land Date Range: 08/01/2020 - 08/31/2020 Pay Periods: 1 Status: Pending First Approval

Personnel Pay Period: 1

| Title | Hours this Pay Period | Hours on Grant | Hourly/Salary | Rate | % Time on Grant this Pay Period | Total Pay Requested | Notes |
|---------------------|-----------------------|----------------|---------------|------------|---------------------------------|---------------------|-------|
| CEO | 160.00 | 16.00 | Salary | \$2,500.00 | 10.0% | \$250.00 | + |
| Program Coordinator | 160.00 | 10.00 | Hourly | \$25.00 | 6.2% | \$250.00 | + |

After clicking "Request ID" on the reimbursement request page, the reimbursement request will open. The current level of approval for your reimbursement request is reflected where the page says "Status."

Attachments

| Name | Notes |
|-----------|-------|
| Payroll | |
| Timesheet | |

Total Personnel Requested: \$500.00
Submitted Personnel Balance: \$20,099.83
Personnel Balance: \$20,599.83
Personnel Budgeted: \$20,599.83

Fringe Benefits

| Title | Medical | Dental | Vision | Short Term | Long Term | Life | Other | Notes |
|-------|---------|--------|--------------|------------|-----------|--------------------------|--------|-------|
| CEO | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | + |
| | FICA | SUTA | Workers Comp | Retirement | Other | Total Benefits Requested | | |

Training and Technical Assistance Webinars 2021

Post-Award

- **July 27, 2021 at 1pm EDT, Confidentiality and Data Collection**
- **August 10, 2021 at 1pm EDT, Performance Measurement Reporting**

Questions?

- Use the questions box on your control panel to submit questions and responses.
- ‘Raise’ your hand by clicking the hand icon to signal to be unmuted.

Contact Info

General questions:

- microgrants@ncai.org

Reimbursement Request Questions:

- Robin Paterson, FirstPic, Inc. rpaterson@firstpic.org
- Matt Bieler, FirstPic, Inc. mbieler@firstpic.org
- David Cook FirstPic, Inc. dcook@firstpic.org
- Katelyn Marshall FirstPic, Inc. kmarshall@firstpic.org

TA Questions:

- Lonna Hunter, Tribal Law & Policy Institute, lonna@tlpi.org

