



AmeriCorps Washington

Reimbursable Invoice Process

July 14 – 1:00pm

Please sign-in via the chat box:

- Organization/Program
- Name(s)
- Favorite summer activity?

Thomas Darnell-Fiscal Grants Officer

Resources...reminder...

Serve WA Online Subgrantee Resources

- [Additional Resources](#)
- [AmeriCorps Program Handbook](#)
- [eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)
- [Fiscal Workbooks to be provided once contracts are complete](#)



Budget & Budget Narrative eGrants

- Federal share/grantee share
- Line items (Category headings)
- Budget Modifications and the 10% rule
 - Special Terms and Conditions V; Planning Grant Special Terms and Conditions IV

Section I. Program Operating Costs

A. Personnel Expenses

| Position/Title -Qty -Annual Salary -% Time | CNCS Share | Grantee Share | Total Amount |
|--|---------------|---------------|---------------|
| Director of Community Collaborations: - 1 person(s) at 62000 each x 10 % usage | 5,000 | 1,200 | 6,200 |
| VISTA Program Director: - 1 person(s) at 43000 each x 10 % usage | 0 | 4,300 | 4,300 |
| Program Manager: - 1 person(s) at 42000 each x 40 % usage | 16,800 | 0 | 16,800 |
| VP of Finance and Administration: - 1 person(s) at 80000 each x 2 % usage | 0 | 1,600 | 1,600 |
| Category Totals | 21,800 | 7,100 | 28,900 |

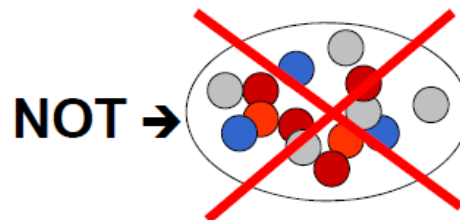
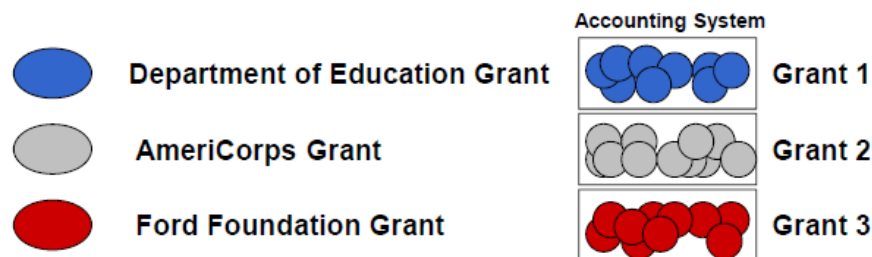
B. Personnel Fringe Benefits

| Purpose -Calculation | CNCS Share | Grantee Share | Total Amount |
|--|------------|---------------|--------------|
| Benefits for Director of Community Collaborations: 10% of total cost of FICA, Workers Comp, 403(b) contribution, medical, dental | 1,440 | 360 | 1,800 |
| Benefits for Vista Program Director: 10% of total cost of FICA, Workers Comp, 403(b) contribution, medical, dental | 0 | 1,300 | 1,300 |
| Benefits for Program Manager: 40% of costs of FICA, Workers Comp, medical, dental | 5,000 | 0 | 5,000 |



Financial Management 2 CFR 200.302

- Everything reported in the PER should be verifiable with the General Ledger (GL) and documentation (receipts, etc)
- We reimburse actual costs incurred, not speculative or estimated costs so that is what you should report to us
- No AmeriCorps grant funds (including match) should appear as match on any other grant
- All grant funds should be indexed and segregated clearly in itemized GL-no comingling



Timekeeping

2 CFR 200.430

Special Terms and Conditions III B

Planning Grant ST&C II B

- Staff timesheets should show ALL hours worked
 - Distinguish between grant and nongrant hours
 - Among grant hours, an allocation between grantee share and federal share that accords with PER should be recorded
 - Allocate based on ALL hours--30 hours is 75% of a 40 hour week, but 60% of a 50 hour week
- Verified by employee and supervisor
- Best practice is to invoice for reimbursement of payments PAID during reporting period
- For living allowance, member hours do not scale with either actual payments or reimbursements
 - AmeriCorps State and National Terms and Conditions VIII A

| NAME: | | | | | | Denotes Holidays |
|-------------------|-------------------|---------|---------|---------|-----------|--|
| TITLE: | | | | | | Denotes Weekends |
| DATE: | ACTUAL TIME SPENT | | | | | NOTES/COMMENTS <small>This column will allow two lines of notes/comments and will wrap automatically.</small> |
| | AC Grant | X Grant | X Grant | X Grant | Non Grant | |
| 1/1/2022 | | | | | | |
| 1/2/2022 | | | | | | |
| 1/3/2022 | | | | | | |
| 1/4/2022 | | | | | | |
| 1/5/2022 | | | | | | |
| 1/6/2022 | | | | | | |
| 1/7/2022 | | | | | | |
| 1/8/2022 | | | | | | |
| 1/9/2022 | | | | | | |
| 1/10/2022 | | | | | | |
| 1/11/2022 | | | | | | |
| 1/12/2022 | | | | | | |
| 1/13/2022 | | | | | | |
| 1/14/2022 | | | | | | |
| 1/15/2022 | | | | | | |
| 1/16/2022 | | | | | | |
| 1/17/2022 | | | | | | |
| 1/18/2022 | | | | | | |
| 1/19/2022 | | | | | | |
| 1/20/2022 | | | | | | |
| 1/21/2022 | | | | | | |
| 1/22/2022 | | | | | | |
| 1/23/2022 | | | | | | |
| 1/24/2022 | | | | | | |
| 1/25/2022 | | | | | | |
| 1/26/2022 | | | | | | |
| 1/27/2022 | | | | | | |
| 1/28/2022 | | | | | | |
| 1/29/2022 | | | | | | |
| 1/30/2022 | | | | | | |
| 1/31/2022 | | | | | | |
| Total Hours: | 0 | 0 | 0 | 0 | 0 | 0 |
| Grant Percentages | #### | #### | #### | #### | #### | Percent of time worked on each specific grant. |
| | AC Grant | X Grant | X Grant | X Grant | Non Grant | |

* Actual time spent/worked will come under one of the listed categories/grants. Please record time in quarter hour. For example: 3 hours 15 minutes = 3.25

Date _____

Signature _____

Date _____

Supervisor's Signature _____



Acceptable Match 2 CFR 200.306

Cash & In-kind contributions are accepted as part of the grantee share/match when ALL the following are met:

- Are verifiable from your organization's records
- Are not included as contributions for any other Federal award
- Are necessary and reasonable for accomplishment of project or program objectives
- Are allowable under Subpart E-Cost Principles
- Are not paid by the Federal Government under another award, except where authorized
- Are provided for in the approved budget
- Conform to other provisions of the Omni Circular (Uniform Guidance)



Serve Washington Periodic Expense Report Form (PER)

8/1/22 7/31/23

Sub Grantee's Program Year

8/1/22 8/31/22

Period of Claim

7/1/22

| Budget Item | Column 1 | | | Column 2 | | | Column 3 | | | Column 4 | | |
|---|--------------|---------|---------|------------------------------|---------|---------|---------------------------|---------|---------|--------------------------|---------|---------|
| | Budget Total | | | Current Monthly Expenditures | | | Year-To-Date Expenditures | | | Budget versus YTD Actual | | |
| | CHCS | Grantee | | CHCS | Grantee | | CHCS | Grantee | | CHCS | Grantee | |
| | | Cash | In-kind | | Cash | In-kind | | Cash | In-kind | | Cash | In-kind |
| I. PROGRAM OPERATING COSTS | | | | | | | | | | | | |
| A Personnel Exp | | | | | | | - | - | - | - | - | - |
| B Fringe Benefits | | | | | | | - | - | - | - | - | - |
| C.1 Staff Travel | | | | | | | - | - | - | - | - | - |
| C.2 Member Travel | | | | | | | - | - | - | - | - | - |
| D Equipment | | | | | | | - | - | - | - | - | - |
| E Supplies | | | | | | | - | - | - | - | - | - |
| F Consultants | | | | | | | - | - | - | - | - | - |
| G.1 Staff Training | | | | | | | - | - | - | - | - | - |
| G.2 Member Training | | | | | | | - | - | - | - | - | - |
| H Evaluation | | | | | | | - | - | - | - | - | - |
| I Other Op. | | | | | | | - | - | - | - | - | - |
| Subtotal I | \$ - | \$ - | \$ - | - | - | - | - | - | - | - | - | - |
| II. MEMBER COSTS | | | | | | | | | | | | |
| A Living Allowance | | | | | | | - | - | - | - | - | - |
| B Member Support | | | | | | | - | - | - | - | - | - |
| B FICA | | | | | | | - | - | - | - | - | - |
| C Work Camp | | | | | | | - | - | - | - | - | - |
| D Health Care | | | | | | | - | - | - | - | - | - |
| E Other: Misc Support | | | | | | | - | - | - | - | - | - |
| Subtotal II | \$ - | \$ - | \$ - | 0.00 | 0.00 | 0.00 | - | - | - | - | - | - |
| III. ADMINISTRATIVE FEE / INDIRECT COSTS | | | | | | | | | | | | |
| A Fixed Admin Fee | | | | | | | - | - | - | - | - | - |
| B Indirect @3.85% | | | | | | | - | - | - | - | - | - |
| Subtotal III | \$ - | \$ - | \$ - | - | - | - | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL | \$ - | \$ - | \$ - | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL PROGRAM | \$ - | \$ - | \$ - | - | - | - | - | - | - | - | - | - |

AmeriCorps Funds

Grantee Funds

| | | |
|---|----|------|
| 1. Grant Amount (linked to budget above) | 1. | - |
| 2. Expenditures Year to Date | 2. | 0.00 |
| 3. Grant Balance Available (line 1 less line 2) | 3. | 0.00 |
| 4. Current Period Expenditures (linked above) | 4. | 0.00 |
| 5. Grant Balance Remaining | 5. | 0.00 |
| 6. Payment to Subgrantee (current expenses) | 6. | 0.00 |

Comments:

Serve WA Staff will review appropriate single match depending on your funding year

Certification: By submitting this Periodic Expense Report the sender certify that the amounts shown above are accurate and do not exceed the grant award. All grant expenditures have been recorded and reported according to generally accepted accounting principles, OMB Circulars, & CHCS grant guidelines.

Email your completed Serve Washington (PER) to your Commission Program Officer and Fiscal Grant Officer by the 15th of each month.

Budget Modification

Approved By:

Date

Check Total

0.00

INSTRUCTIONS

Index

August

September

October

Nov

Dec

Jan

Feb

Mar

Apr

May

June

July

Aug

Sep



Other Fiscal Reporting

- **Midyear** (April)
 - Special Terms and Conditions III J5, K
 - Planning Grant Special Terms and Conditions II E3, F
 - Program Income Report (restricted funding)
 - Other Federal Funds (used in match)
 - Unexpended (we may collect unexpended funds report)
- **Final** (Grant Year End)
 - Special Terms and Conditions III L
 - Closeout (we may collect closeout documents)

No FFRs!



Closing



FISCAL NEXTS STEPS:

- 1) Review Fiscal WorkBook Upon Receipt**
- 2) Fiscal budget meeting early in the year**
- 3) Submit 1st Invoice Package by Sept 15 for Aug Billing**

