



NORTH CAROLINA
DEPARTMENT OF PUBLIC SAFETY
PREVENT. PROTECT. PREPARE

Governor's Crime Commission

2020 Grant Award Workshop



Grants Management and Documentation

Grants Administrators

- Carolyn Locklear
 - Tanya Ogburn
 - Desrine Yon
 - Valarie Hunter
 - Burley Spinks
 - Andrea Russo
 - Allyson Teem
 - Keith Bugner
 - **Jacqueline Ray**
 - **Samuel Conyers**
 - **Jayne Langston**
 - **Roxana Zelada-Lewis**
 - **Arienne Cheek**
 - **Marlynn Brown**
 - **Kevin Farrell**
 - **Clarissa Moore**
 - **Alisha Wood**
 - **Thomas Cook**
 - **Vernita Waldren**
- ▶ Your friend and go to for questions.
 - ▶ Technical assistance on policy and procedures.
 - ▶ Review and process reimbursements and budget modifications.
 - ▶ Provides site visits and can help on local policies.

How Do I Get Reimbursed?

Step 1

- ▶ Reference the budget line items that were approved on the grant for which you are requesting reimbursement.

Step 2

- ▶ Complete the reimbursement for those approved line items for expenditures made during the (monthly) reporting period.

How Do I Get Reimbursed?

Step 3

- ▶ Include the GCC required “Summary Pages” for each expense category and all documentation supporting the expenditures on the reimbursement.

Step 4

- ▶ Submit your reimbursement through GEMS to GCC.

Checklist for Reimbursements

▶ Required Cover Sheets for Expenditures:

- ▶ Personnel – Coversheet A
- ▶ Supplies – Coversheet B
- ▶ Contractual – Coversheet C
- ▶ Travel -Coversheet D
- ▶ Equipment – Coversheet E

Orientation of Scanned Documents Uploaded in GEMS -Portrait

- ▶ Specific Coversheet AND supporting documentation that reflect page numbers (to ensure all documentation uploaded are complete – this will avoid delays of the processing of your reimbursement)
 - *First Example:* Personnel Coversheet on the top and the timesheets, payroll register, proof of payment for fringe benefits will be under one packet
 - *Second Example:* Supplies Coversheet on the top, and the vendor invoice, copy of proof of payment (receipts, credit card statements, allocation policy, procurement requests, etc.)

Checklist for Reimbursements

- ▶ Supporting documentation should reflect page numbers – this is to ensure all documentation uploaded in GEMS are complete. This will avoid any delays of processing your reimbursement or having the reimbursement sent back for modifications if there are missing pages.
 - *First Example:* Personnel Coversheet will be labeled A-1. The timesheet following this coversheet will be labeled A-2, the payroll register following this timesheet will be labeled A-3, etc.
 - Please ensure that all uploaded documents are scanned upright for uniformity.

- ▶ Each coversheet and related supporting documentation are scanned and uploaded separately from other coversheet and documentation.
 - You will have separate files uploaded in GEMS for each kind of expenditure (Personnel Coversheet and supporting documentation will be one .pdf upload, Supplies Coversheet and supporting documentation will be another .pdf upload)

Reimbursement

- ▶ Reimbursements are to be submitted monthly, by the last day of the month, for actual expenses made during the previous month
- ▶ If submitted on time, it is the Grants Management Team's goal to have the first touch of the reimbursement within 10 days of submitting. This means the reimbursement will be approved, require modifications, or be denied.
- ▶ If these are submitted after the last day of the month the grant managers will have 30 days to provide the first touch
- ▶ Per DPS Fiscal, payments are not processed on the last week of the month
- ▶ Final reimbursement is due 45 days after the end of the period of performance

General Rule

Every dollar that a sub-recipient has requested reimbursement must be supported by adequate documentation showing:

- ▶ Expense occurred
- ▶ Is allowable, allocable, reasonable, and necessary
- ▶ Proof of payment, bank statement or canceled check

Supporting Documentation

Personnel and Employee Benefits

Payroll Documentation

- ▶ Pay stubs are required, we only accept official documents
- ▶ The pay stub must show:
 - Name of the employee
 - Gross wages earned
 - Total hours worked during the period
 - Hourly rate of pay
 - Pay period begin and end dates
 - Pay date
- ▶ All deductions for taxes/benefits/etc.

Pay Stub Example

██████████ July 15, 2016 1725

Emp Id 9 Loc 100
 Status A Hire Date 04/03/15

Period Begin 06/26/16 Net Pay 906.22
 Period End 07/09/16 Dir Dep 906.22
 Check Type Reg

Earnings Summary

Total Gross Pay	Hours	Rate	Current Amt	Ytd Amt
Benefits	0.00		0.00	3,510.00
Regular	75.00	16.00	1,200.00	22,800.00
	75.00		1,200.00	26,310.00

Taxes	Status	Taxable	Current Amt	Ytd Amt
Federal Income Tax	S-0	1,200.00	149.18	3,410.78
OASDI		1,200.00	74.40	1,631.22
Medicare		1,200.00	17.40	381.50
Indiana SITW	S-0	1,200.00	39.60	868.23
Tippecanoe, IN (Res)		1,200.00	13.20	289.41
			293.78	6,581.14

Other Deductions from Pay	Current Amt	Ytd Amt
Benefits	0.00	2,815.65
	0.00	2,815.65

Direct Deposits

Bank	Account	Current Amt
First Financial Bank Terr	Ends with ██████████	906.22
		906.22

Payment Summary for Voucher 1725

Total Gross Pay	1,200.00
Federal Taxes	-240.98
State and Local Taxes	-52.80
Other Deductions	0.00
Net Pay	906.22
Direct Deposits	-906.22
Net Check	0.00

Additional Information

Time Off Balances Dollars As Of Date

Time & Activity Sheets

Time & Activity Sheets can be a...


One Funding Source Timesheet, a Multiple Funding Source Timesheet or a combination of both depending on personnel requirements for the Project.

- ▶ They must include all information as required on the form below for each employee.
- ▶ The Time & Activity Sheets are GCC required documents in order to receive reimbursement requests.

Most importantly, they must be Signed by the Employee and an Approving Official.

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NORTH CAROLINA
GOVERNOR'S CRIME COMMISSION
ONE FUNDING SOURCE TIMESHEET
 (Single Source/In-Kind or Cash Match)

Employee/ Volunteer Name:		Position Job Title			
Pay Period:					
Date	FS1 WORK HOURS	FS1 ACTIVITY CODE(S)	HOURS WORKED	LEAVE	TOTAL
1			0.00		0.00
2			0.00		0.00
3			0.00		0.00
4			0.00		0.00
5			0.00		0.00
6			0.00		0.00
7			0.00		0.00
8			0.00		0.00
9			0.00		0.00
10			0.00		0.00
11			0.00		0.00
12			0.00		0.00
13			0.00		0.00
14			0.00		0.00
15			0.00		0.00
16			0.00		0.00
17			0.00		0.00
18			0.00		0.00
19			0.00		0.00
20			0.00		0.00
21			0.00		0.00
22			0.00		0.00
23			0.00		0.00
24			0.00		0.00
25			0.00		0.00
26			0.00		0.00
27			0.00		0.00
28			0.00		0.00
29			0.00		0.00
30			0.00		0.00
31			0.00		0.00
HOURS WORKED	0.00		0.00	0.00	0.00
ALLOCATED LEAVE	0.00				
TOTAL BY FS	0.00				

Note: Signatures must be original. Typed copied/pasted or other facsimilies are not acceptable.

Employee Signature:	Supervisor Signature:
Date:	Date:

sample time & activity

Ready Display Settings 100%

Bottom of Time Sheet

AutoSave Off NEW GCC IN-Kind-Match or Single Sour... Ogburn

File Home Insert Draw Page Layout Formulas Data Review View Help ACR

Funding Sources: Project Number, Source Name, Grant Name (PROJ012345, GCC, Somewhere Co Direct Services)

FS1:	Governors Crime Commission - PROJ
Activity Codes	A
	B
	C
	D

sample time & activity

Ready Display Settings





**NORTH CAROLINA
GOVERNOR'S CRIME COMMISSION
MULTIPLE FUNDING SOURCE
TIME & ACTIVITY SHEET**

Employee Name:					Position Job Title:						
Pay Period:											
Date	FS1 WORK HOURS	FS1 ACTIVITY CODE(S)	FS2 WORK HOURS	FS1 ACTIVITY CODE(S)	FS3 WORK HOURS	FS3 ACTIVITY CODE(S)	FS4 WORK HOURS	FS4 ACTIVITY CODE(S)	HOURS WORKED	LEAVE	TOTAL
1									0.00		0.00
2									0.00		0.00
3									0.00		0.00
4									0.00		0.00
5									0.00		0.00
6									0.00		0.00
7									0.00		0.00
8									0.00		0.00
9									0.00		0.00
10									0.00		0.00
11									0.00		0.00
12									0.00		0.00
13									0.00		0.00
14									0.00		0.00
15									0.00		0.00
16									0.00		0.00
17									0.00		0.00
18									0.00		0.00
19									0.00		0.00
20									0.00		0.00
21									0.00		0.00
22									0.00		0.00
23									0.00		0.00
24									0.00		0.00
25									0.00		0.00
26									0.00		0.00
27									0.00		0.00
28									0.00		0.00
29									0.00		0.00
30									0.00		0.00
31									0.00		0.00
HOURS WORKED	0.00		0.00		0.00		0.00		0.00	0.00	0.00
ALLOCATED LEAVE	0.00		0.00		0.00		0.00				
TOTAL BY FS Effort Percent	0.00		0.00		0.00		0.00				

Note: Signatures must be original. Typed copied/pasted or other facsimilies are not acceptable.

Employee Signature:	Supervisor Signature:
Date:	Date:

Funding Sources: Project Number, Source Name, Grant Name (PROJ012345, GCC, Somewhere Co Direct Services		
FS1:	PROJ123456, GCC, Someone's CAC, Someplace, NC	
FS2:	BR549, NC DHHS,	
FS3:	N5261F, NC GHSP	
FS4:	PROJ024680, GCC, Yet Another GCC Fun Filled Project, Someplace Else, NC	
Activity Codes	A	E
	B	F
	C	G
	D	H

Notification of Employee Separation

How: Email your GCC Grant Administrator

When: Within 10 working days of employee's departure date

Why: GCC is required to ensure that:

- ▶ Only authorized grant funded employees are approved for reimbursements
- ▶ Services are being provided

What: Employee's name, position title, end date, salary, and benefits

Notification of New Hires

How: Email your GCC Grant Administrator

When: Within 10 working days of the new hire's start date

Why: GCC is required to ensure that only authorized grant funded employees are approved for reimbursement

What: New hire's name, position title, start date, salary, and benefits

Supporting Documentation

Equipment

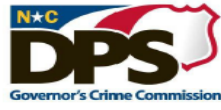
Supporting Documentation

- ▶ Receipts, invoices, or any other documentation supporting the purchase
- ▶ Copies of three bids from vendors if any piece of equipment is \$10,000 or more or sole source provider form detailing justification.
- ▶ Equipment purchased with grant funds and a value of \$5,000 or more require property tags
- ▶ Sub-recipient maintains a “Property Control Record and Equipment Certification Form” (GCC-200) for **ALL** equipment purchased through grant funds (2 CFR Part 200.313)

Please keep this updated for site reviews, and auditors.

Sole Source Provider Form

North Carolina Department of Public Safety



Governor's Crime Commission
 1201 Front Street Raleigh, NC 27609
 Phone: (919)733.4564 Fax: (919)733.4625
<http://www.ncdps.gov/gcc>

Sole Source Provider Request Form

*****Submit along with contract or invoice (whichever is applicable)*****

Authorizing Agency	
Implementing Agency	
Project Name and Project Number	
Project Director's Name	
Phone # and E-mail Address	
Proposed \$ Amount of Invoice or Contract	

NOTE: All sole source procurements in excess of \$250,000.00 must receive prior approval from the DOJ Office of Justice Programs.

This form is submitted as a formal request to use the services of the following contractor as a Sole Source Provider.

Contractor/Vendor Name: _____

This request is made for the following reasons:

- Service provider is continuing services already engaged from previous year(s)
- Advertising & Research revealed no other service providers in the area (Attach details of the effort made in Advertising and Research)
- Other (explain below and/or attach additional documentation)

<input type="checkbox"/>	Approved	GCC Grants Management Specialist Approval:	_____
<input type="checkbox"/>	Denied	Date:	_____

GCC - 208

Rev. 01/14/20



Equipment Must Have A Property Tag





Property Control Record & Equipment Certification

This form should be used to inventory all equipment purchased during the life of the grant. All firearms are to be listed with Serial Numbers regardless of unit cost.

Authorizing Agency	
Implementing Agency	
Project Name	
Project Number	
Project Director's Name	
Phone # and E-mail Address	

Equipment Information

Item Description:	
Serial/other identification No.:	
Date Transaction Completed:	Date Equipment was Acquired:
Cost:	Vendor:
Location of Equipment:	Assigned to:
Purpose of Equipment:	Purchased by:
Insurance Coverage:	

Item Description:	
Serial/other identification No.:	
Date Transaction Completed:	Date Equipment was Acquired:
Cost:	Vendor:
Location of Equipment:	Assigned to:
Purpose of Equipment:	Purchased by:
Insurance Coverage:	

Item Description:	
Serial/other identification No.:	
Date Transaction Completed:	Date Equipment was Acquired:
Cost:	Vendor:
Location of Equipment:	Assigned to:
Purpose of Equipment:	Purchased by:
Insurance Coverage:	



Page 2 of Property Control Record & Equipment Certification Form

Item Description:	
Serial/other identification No.:	
Date Transaction Completed:	Date Equipment was Acquired:
Cost:	Vendor:
Location of Equipment:	Assigned to:
Purpose of Equipment:	Purchased by:
Insurance Coverage:	
Item Description:	
Serial/other identification No.:	
Date Transaction Completed:	Date Equipment was Acquired:
Cost:	Vendor:
Location of Equipment:	Assigned to:
Purpose of Equipment:	Purchased by:
Insurance Coverage:	

I, the undersigned, certify that the equipment approved in the above-referenced grant was purchased and installed in compliance with the grant.

The completed Property Control Record and pictures have been uploaded to GEMS.

Project Director 's Printed Name Date

Project Director 's Signature Date

Please sign, date and upload this document along with pictures of each item purchased to GEMS along with applicable supporting documentation for reimbursement requests.

Equipment Coversheet



PROJECT NAME: _____

PROJECT ID NUMBER: PROJ _____

REPORTING PERIOD: From _____ To _____



EQUIPMENT							
Doc #	Item Purchased	Vendor Name	Quantity	Cost Per Item	Total Cost	Federal Share	Match Share
Total Cost							

Instructions:

1. **Project Name & ID:** This information can be obtained from the Expense Reimbursement form.
2. **Reporting Period:** Identify the first and last day of the reporting period (month/day/year).
3. **Document Number:** Assign a number or letter to each bill/receipt/invoice and attach to this cover sheet.
4. **Subcategory:** Enter type of expenditure, i.e., computers, fingerprint machine, viper radios, lease items such as vehicles or copiers.
5. **Cost of Item:** Enter cost of each item.
6. **Amount for this Reimbursement:** Enter total grant expenditures.
7. **Match Amount for this Item:** Enter total match associated with each item (where applicable).
 - **Submit Receipts and Invoices** showing proof of payment.
 - **Property Control Form** all equipment (regardless of cost) must be listed on the Property Control Record and submitted to the Grants Management Specialist.
 - **Procurement:** A one-time copy of the agency's approved Procurement Policy is required.



Supporting Documentation

Consultants/Contractors

Consultants/Contractors

- ▶ Should have a draft agreement/contract approved before execution by GCC stating what work is to be done and the costs associated with that work.
- ▶ Invoices from the consultant/contractor must clearly show the vendor name, date(s) of services, hours worked, payment amount due for the services, and a list of what service(s) the contractor/consultant performed.
- ▶ Consultant/contractor reimbursement rates are capped at \$81.25 per hour, not to exceed \$650 per day without GCC prior approval.

Consultants/Contractors

Examples of Consultants/Contractors:

- ▶ Counselors
- ▶ Lawyers
- ▶ Software/hardware computer engineers
- ▶ Therapists
- ▶ Grounds maintenance staff

Improper Examples of Consultants/Contractors

- ▶ Volunteers
- ▶ Board Members
- ▶ Employees

Consultants/Contractors

- ▶ Prior to entering into a contract the subrecipient must complete the Pre-Contract Request form and attach a copy of the **non-executed** contract for GCC review and approval. **Approval may take up to 10 business days.**
- ▶ Must provide resume with contract for individual contractors/consultants
- ▶ If rates are above the capped amount of \$81.25 per hour/not to exceed \$650 per day, a Contract Excess Rate Request Form must be submitted along with the Pre-Contract Request Form.



CONTRACT EXCESS RATE REQUEST FORM

Please complete and submit this form to your Grant Manager at GCC.

The subrecipient will need to provide for each request:

- A. Proof they received the rate for similar services
 - 1. Contract (should the rate change during grant a new contract will be needed)
 - 2. Redacted cancelled invoice or paystub
- B. The only one who can provide the necessary services
 - 1. Proof of the level of expertise and experience necessary for the project
 - a. Resume
 - b. Ability to provide certification or accreditation

REQUEST DATE _____ PROJECT ID/PROJECT NAME _____

CONTRACTOR/AGENCY/COMPANY _____ CONTRACTEE/INDIVIDUAL _____

SERVICE/SCOPE OF WORK _____

REQUESTED HOURLY RATE _____ RATE PER DAY NOT TO EXCEED _____

FEDERAL SHARE TO BE REIMBURSED _____ MATCH SHARE TO BE ALLOCATED _____

GRANT PERIOD DATES _____

ABOVE MAXIMUM RATE JUSTIFICATION: _____

PROJECT DIRECTOR SIGNATURE/PRINT _____ Date _____

GOVERNOR'S CRIME COMMISSION USE ONLY

Approved or Not Approved _____ AMOUNT APPROVED _____

GRANT MANAGER SIGNATURE _____ Date _____

Contractual Coversheet



PROJECT NAME: _____

PROJECT ID NUMBER: PROJ _____

REPORTING PERIOD: From _____ To _____

CONTRACTUAL							
Doc #	Contractor Title	Contractor Name	Hours of Service	Cost Per Hour/Day/Session	Total Cost	Federal Share	Match share
Total Cost							

Instructions:

1. **Project Name & ID:** This information can be obtained from the Expense Reimbursement form.
2. **Reporting Period:** Identify the first and last day of the reporting period (month/day/year).
3. **Document Number:** Assign a number or letter to each bill/receipt/invoice and attach to this cover sheet.
4. **Contractor Title:** Enter title for the contracted service provided, i.e., Project Coordinator, Gang Advisor, etc. as listed in approved grant budget.
5. **Hours Per Service:** Enter how many hours of service were provided; provide a copy of the invoice that outlines services rendered.
6. **Cost Per Hour:** Enter cost of each service per hour, per day, or per session, etc., as listed in the approved grant budget.
7. **Amount Submitted for Reimbursement:** Enter total for each service provided.
8. **Match Amount Submitted for each service rendered:** Enter total match associated with each service (where applicable).
 - **Documentation:** Submit invoices, credit card statement, bank statement, and/or cancelled check (showing proof of payment).
 - **Approval:** Contracts **MUST** be:
 - I. Submitted to the Grants Management Specialist.
 - II. Reviewed and approved by the GCC prior to any work commencing for consideration of reimbursement of expenses.
 - III. Changes to the contract (e.g. hourly rate changes) must be pre-approved or will be reimbursed at the old rate.



Supporting Documentation

Travel/Training

(Employees/Volunteers only)

Receipts

- ▶ Conference registration
- ▶ Conference agenda
- ▶ Hotel, Airline, Taxi, Rental car receipts
- ▶ Meals & Mileage– based on agency’s travel policy, if the agency does not have a policy then State per diem rates
- ▶ Employee mileage reimbursement forms/logs
- ▶ Out of State Travel requires Prior Approval even though it may be approved in the budget. (A budget modification does not provide prior approval)

Prior Approval Request Form

AutoSave Prior Approval- Out o... Ogburn, Tanya

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PRIOR APPROVAL REQUEST FOR ATTENDING AN OUT-OF-STATE CONFERENCE

General travel costs (transportation, lodging, subsistence, and other related expenses) are allowable with the prior written approval of the GCC, when they are specifically related and beneficial to the grant. This request should include the costs for all attendees that are being funded by the grant to attend the conference. Request should conform with Federal and State regulations, as well as, the organization's travel policy.

Project Number: _____ **Project Name:** _____

Use of federal funds is allowable **ONLY** for permanent employees (and volunteers - VOCA), funded by the grant.
First and Last Name of the Attendee(s) and Role in the Project:

Name of the conference: _____

Dates of the conference: _____

Address of the conference: _____

Purpose of the conference and justification for participation (how is attending the conference beneficial to the project?). Please attach any available supporting documentation (program flyer, agenda, brochure, etc.):

BUDGETED COSTS:

Transportation costs (Please list separately all that apply: airfare, mileage, car rental, other): _____

Lodging costs: _____

Subsistence costs: _____

Registration fees: _____

Other fees (related directly to the conference): _____

Submitted by: _____ **Date Submitted:** _____

OFFICIAL USE ONLY

GM Approved GM Denied GM Signature/Date _____

Reason for denial: _____

GCC Approved: 3-21-2019

Page 1 of 1 200 words 100%



PROJECT NAME: _____

PROJECT ID NUMBER: PROJ _____

REPORTING PERIOD: From _____ To _____

TRAVEL							
Doc #	Attendee Name	Lodging Cost	Air fare/Mileage Cost	Per diem Meals Cost	Total Cost	Federal Share	Match Share
Total Cost							

Instructions:

- Project Name & ID:** This information can be obtained from the Expense Reimbursement form.
- Reporting Period:** Identify the first and last day of the reporting period (month/day/year).
- Document Number:** Assign a number or letter to each bill/receipt/invoice and attach to this cover sheet.
- Attendee name:** Enter Employee attending conference, training, or other travel.
- Cost of Item:** Enter cost of each item.
- Amount for this Reimbursement:** Enter total grant expenditures.
- Match Amount for this Item:** Enter total match associated with each item (where applicable).
- Provide a Travel Log:** Provide dates of travel, traveler's name, destination, and mileage.
 - All reimbursement requests for travel, lodging and subsistence (per diem – i.e., hotel and meals) must be on a form that is signed by BOTH the employee and the supervisor. Hotel receipts must be submitted as supporting documentation.
- Using State of NC per diem:** Hotel receipts are required (to a maximum of \$75.10 in-state and \$88.70 out of state, plus tax unless prior permission for an excess amount is obtained). The traveler is authorized for \$8.60 for breakfast, \$11.30 for lunch and \$19.50 in-state/ \$22.20 for out-of-state dinner. State mileage rate is .58 per mile. **(These rates are in effect as of July 2019.)**
- Using GRANTEE agency's per diem:** Submit copy of travel policy to the Grants Management Specialist at the beginning of the grant period. Follow grantee's written policy. If the agency's Travel Policy is updated, submit a revised version. Expenses may not exceed the established State Rates.

Supporting Documentation

Supplies and Operating Expenses

Supplies and Operating Expenses

- ▶ Receipts, receipts, receipts
- ▶ Vendor Invoices (utility bills, invoices, proof of payment)
- ▶ Rent receipts (or copy of lease and proof of payment)
- ▶ Receipts/invoices must show the vendor name, date of service/purchase, amount due, and list what services were performed or what was purchased

Receipts

There are 3 methods to divide up expenses from receipts between different grants.

1. Make separate purchases for each grant and get separate receipts, one for each grant.



(317) 745 - 3144
 MANAGER MARCI ANDERSON
 1894 RIDGE AVENUE
 DANVILLE, IN 46122

ST# 06476	OP# 000996	TES 09	TR# 02660	
ANTIFREEZE	07974968553			12.86 X
EDGE 1Q 5W30	007919126248			7.97 X
EDGE 1Q 5W30	007919126248			7.97 X
EDGE 1Q 5W30	007919126248			7.97 X
SV 2N1 OCN28	004589306359			2.94 X
48Z CHK BRTH	007874206684	F		2.18 0
WAX	087799103701			3.47 X
CASCADE PACS	003700098206			9.93 X
BB 1 ROLL	003700092976			0.97 X
COUPON 37000	053700016200	A		0.50-0
BB SPT 50 TW	007965601332H			12.47 X
3 VIDALIA	003338360152	F		2.84 N
CARROT	068113112237	F		3.97 N
CARROT	068113112237	F		3.97 N
CKIESNKSZ	003400007061	F		4.25 0
DASANI	004900003165	F		3.98 N
QN 12 DOUBLE	004200096862			6.38 X
TIDE LIQUID	003700008886			11.94 X
LIME BULK	000000004048KI			0.26 N
CILANTRO	000000004889KF			0.68 N
TOMATILLO	000000004801KI			
2.09 lb @	1 lb /1.68			3.51 N
WILD TURKEY	072105981750			16.72 T
IH 3L SPR	008304633413	F		1.26 N
CAULIFLOWER	060580600030	I		2.26 N
BANANAS	000000004011KI			
2.83 lb @	1 lb /0.52			1.47 N
JALAPENOS	000000004693KI			
0.34 lb @	1 lb /0.98			0.33 N
VISLINE	007430000803			3.24 X
TOMATO ROMA	000000004087KI			
1.57 lb @	1 lb /0.98			1.54 N
SERRANO	000000004709KI			
0.04 lb @	1 lb /2.48			0.10 N
POBLANO	000000004705KI			
0.88 lb @	1 lb /2.48			2.18 N
	SUBTOTAL			139.00
	TAX 1	7.000 x		7.34
	TOTAL			146.34
	DEBIT TEND			146.34
	DEBIT CASH BACK			100.00
	TOTAL DEBIT PURCHASE			246.34
	CHANGE DUE			100.00

06/10/17 16:08:53

ITEMS SOLD 25

TC# 4641 1465 5426 5919 7855 1



Low Prices You Can Trust. Every Day.

06/10/17 16:09:00

Store receipts on your phone. Walmart P

ay.



Receipts

2. Make a combined purchase and attach documentation explaining what items were purchased for each grant. Submit copies of the documentation with all grant reimbursement claims.

Grant #xyz1

Edge 1Q5W30	12.86
Edge 1Q5W30	7.97
Edge 1Q5W30	7.97

Grant # xyz2

All the rest of the items purchased



Receipts

3. Make a combined purchase and highlight copies of the receipt showing which items were charged to each grant. Submit copies of the documentation with all grant reimbursement claims

Yellow	Grant # xyz3	\$39.34
Blue	Grant # xyz4	\$81.38
Green	Grant # xyz5	\$25.62

Vendor Invoice

MUST PROVIDE PROOF OF PAYMENT WITH THE INVOICE

Indiana Door & Hardware Specialties, Inc.
 Indiana Door & Hardware Specialties Inc.
 [REDACTED]

Invoice

Date	Invoice #
4/13/2016	[REDACTED]

Bill To [REDACTED]

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		4/13/2016			
Quantity	Item Code	Description	Price Each	Amount		
1	Closer body	Sargent heavy duty closer body	238.00	238.00		
	Labor/ Service call	Labor	45.00	45.00		
		TAX EXEMPT SALES	0.00%	0.00		
				Total	\$283.00	

ENTERED
4/22/16

Excludes installation, sales tax, anything not listed above.



Forms of Proof of Payment

The accepted proof of payment are as follows:

- ▶ **Cleared check/cancelled check** – Check the endorsement side of the check, cleared checks are available as scanned images from the online bank account.
- ▶ **Credit card or Bank statement** – should contain cardholder address, summary of account information (payment due, balance, etc.) and all other details relevant to the particular transaction for which reimbursement is requested.

Forms of Proof of Payment

- ▶ Bank statement showing expense
- ▶ Cleared/cancelled check
- ▶ Invoice showing balance paid
- ▶ Receipts showing the expense was paid.

Receipts

- ▶ A receipt is any document that contains the following five IRS-required elements:
 1. Name of vendor (*person or company you paid*)
 2. Transaction date (*when you paid*)
 3. Detailed description of goods or services purchased (*what you bought*)
 4. Amount paid
 5. Form of payment (*how you paid – cash, check, or last four digits of credit card*)

Proof of Payment Example

CASH ONLY IF ALL CheckTrack™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING.

BRANCH BANKING AND TRUST COMPANY
66-112/531

9802

4/7/2015

PAY TO THE ORDER OF [REDACTED]

\$**2,604.13

Two Thousand Six Hundred Four and 13/100***** DOLLARS

VOID AFTER 90 DAYS

MEMO [REDACTED]

L.I.N.C. INC. 9802

		SSN	Status (Fed/State)	Allowances/Extra	
		***-**-7395	Married/Head of Household	Fed-2/0/NC-2/0	
		Pay Period: 03/01/2015 - 03/31/2015		Pay Date: 04/07/2015	
Earnings and Hours		Hours	Rate	Current	YTD Amount
Salary		158:30		3,125.20	3,375.90
Straight Time				0.00	531.89
		158:30		3,125.20	9,907.79
Taxes				Current	YTD Amount
Medicare Employee Addl Tax				0.00	
Federal Withholding				-194.00	-552.00
Social Security Employee				-193.79	-514.28
Medicare Employee				-45.31	-143.66
NC - Withholding				-98.00	-294.00
				-521.07	-1,603.94
Adjustments to Net Pay				Current	YTD Amount
Payroll Advance				0.00	-500.00
Net Pay				2,604.13	7,803.85
Non-taxable Company Items				Current	YTD Amount
Worker's Comp - Field Rate				2.79	23.48

LINC, P.O. Box 401, Wilmington, NC 20802, Leading Into New Communities, Inc.

L.I.N.C. INC.

Powered by Intuit Payroll

Proof of Payment Example



Direct Deposit Advice

Check Date
February 14, 2020

Voucher Number
115

DIRECT DEPOSIT VOUCHER

Direct Deposits	Type	Account	Amount
Bank Of America, N.A.	C	***8128	1,103.97
Total Direct Deposits			1,103.97



is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable



Family Resource Center South Atlantic, Inc

Earnings Statement

Fed Taxable Income	1,403.53	Check Date	February 14, 2020	Voucher Number	115
Fed Filing Status	S-0	Period Beginning	February 1, 2020	Net Pay	1,103.97
State Filing Status	S-0	Period Ending	February 16, 2020		

Earnings	Rate	Hours	Amount	YTD
Miles Reim				0.00
Regular	18.75	80.00	1,500.00	4,500.00
Gross Earnings		80.00	1,500.00	4,500.00

Taxes	Amount	YTD
FITW	141.19	424.85
MED	20.35	61.06
NC	51.00	154.00
SS	87.02	261.06
Taxes	299.56	900.97

Deductions	Amount	YTD	
Dental Ins	9.92	29.76	
Medical Ins	83.81	251.43	
Mileage		-10.67	
Vision	2.74	8.22	
Deductions	96.47	278.74	
Direct Deposits	Type	Account	Amount
Bank Of America, N.A.	C	***8128	1,103.97
Total Direct Deposits			1,103.97

Time Off	Available	Plan Year To Use	Used
Families	73.85		0.00

Proof of Payment Example

4/14/2015

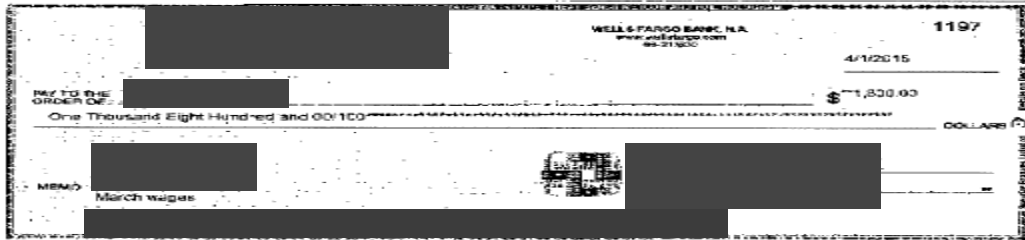
Wells Fargo View Check Copy



Wells Fargo Business Online®

View Check Copy

Check Number	Date Posted	Check Amount	Account Number
1197	04/01/15	\$1,800.00	PTS-GCC Grant XXXXX9965



Equal Housing Lender

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PROJECT NAME: _____
 PROJECT ID NUMBER: PROJ _____
 REPORTING PERIOD: From _____ To _____

SUPPLIES							
Doc #	Item name	Vendor name	Quantity	Cost Per Item	Total Cost	Federal Share	Match Share
Total Cost							

Instructions:

1. **Project Name & ID:** This information can be obtained from the Expense Reimbursement form.
2. **Reporting Period:** Identify the first and last day of the reporting period (month/day/year).
3. **Document Number:** Assign a number or letter to each bill/receipt/invoice and attach to this cover sheet.
4. **Item name:** Enter type of expenditure, i.e., phone, utilities, office supplies, rent, etc., as listed in approved grant budget.
5. **Vendor name:** Enter name of company paid by agency.
6. **Cost of Item:** Enter cost of each item.
7. **Amount for this Reimbursement:** Enter total grant expenditures.
8. **Match Amount for this Item:** Enter total match associated with each item (where applicable).
 - **Submit Receipts,** invoices, credit card statement, bank statement, and/or cancelled check (showing proof of payment).
 - **Rent:** A one-time copy of the lease/rental agreement is required. The agreement must include address of rented space, amount of the rent, and termination date. Thereafter, a statement/receipt indicating the amount of the rent must be submitted with each Expense Reimbursement. Cell phones, pagers, etc., copies of lease agreements for mobile devices are not required, however, copies of the bills and proof of payment ARE required.

Match

Cash Vs. In-Kind

What is Match?

- ▶ Matching or cost sharing means the portion of project costs not paid by the Federal funds. Also known as grantee share.
- ▶ Costs incurred as match for the program's operations have the same restrictions and regulations as costs that will be reimbursed through Federal grant funds. If the cost is not allowable under the federal award, it is not allowable as match.
- ▶ Unless a project's match has been waived, a required match must be met according to Federal guidelines prior to the close of the grant.

What is Match?

Match requirements are typically stated as a percentage of the total project costs for an award.

For example, a 20% match on a \$100,000 project would be \$20,000, where \$80,000 is provided by the Federal Government and \$20,000 is provided by the sub-recipient.

Cash Match

- ▶ Cash match (hard) includes cash spent for project-related costs. An allowable cash match must include costs which are allowable with Federal funds, except acquisition of land, when applicable.
 - Cash match is either the grantee's own funds or general revenue, or cash donations from non-federal third parties or non-federal grants.

Cash Match

Budget Lines that can be utilized as cash match:

- ▶ Salaries/Benefits
 - ▶ Travel
 - ▶ Equipment
 - ▶ Supplies and Operating Expenses
 - ▶ Consultants/Contractors
- **If you do not achieve your stated match goals, you may be required to refund a portion of the Federal funds.**

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In-Kind Match

- ▶ Third party in-kind match (soft) includes, but is not limited to, the valuation of non-cash contributions. “In-kind” may be in the form of services, supplies, real property, and equipment.
 - In-kind donations are non-cash donations of a good or services that can be given a value and is used in achieving your program objectives.

For example, if in-kind match is permitted by the federal award then the value of donated services can be used to comply with the match requirement. Also, third party in-kind contributions may count toward satisfying match requirements, provided the recipient of the contributions expends them as allowable costs.

In-Kind Match

Volunteer Hours

- ▶ Requires time and attendance records similar to employees to show daily hours worked and the volunteer and an Approving Official must sign the timesheet. The timesheet must also include a short description of the work performed. The volunteer services must be used for the grant.
- ▶ Hourly rate must be reasonable and similar to others performing the same job function.
- ▶ Donation of space, equipment, clothing, or items to be utilized to further the grant's goals and objectives.
- ▶ Must use fair market value to determine the allowable value of donated items.

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2 C.F.R. Part 200.306

Match criteria

- ▶ Are verifiable from the sub-recipient's records
- ▶ Are not included as contributions for any other federal grant
- ▶ Are necessary and reasonable for accomplishment of project or program objectives
- ▶ Are allowable costs
- ▶ Are not Federal funds from another grant or award
- ▶ Are approved in the grant budget
- ▶ Conform to the requirements of 2 C.F.R. Part 200

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Match

- ▶ Items / costs utilized for match are subject to the same supporting documentation rules previously reviewed for expenditures made with grant funds.
- ▶ Although matching contributions do not need to be applied at the exact time or in proportion to the obligation of the Federal funds, sub-recipients should pay attention to their Utilization/ Expenditure rate within the grant for both Federal and Match funds. The full matching share must be contributed by the end of the award period.
- ▶ Recipients and sub-recipients must maintain records that clearly show the source, amount and timing of all match contributions.

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Year End Match

- ▶ Year one remaining funds should be frozen and moved to surplus.
- ▶ A budget adjustment will then be submitted to apply surplus funds to year two at the request of the sub-recipient.

Reporting

Reporting

- ▶ Timely reporting is critical to GCC's continued funding.
- ▶ GCC needs the sub-recipients' report to complete its own reports to the Federal awarding agencies in an accurate and timely fashion.
- ▶ Sanctions will be imposed on sub-recipients who fail to report timely.

Required Reports and Due Dates

Required Reports	Due Dates
Notice of Grant Implementation <i>You must complete this notice before you can submit any reimbursement requests.</i>	Immediately
Initial Sub-grant Award Report	Immediately
Expense Reimbursements <i>Report monthly expenses as they are incurred</i>	Monthly

Federal Required Reports

Required Reports	Due Date
OVC Performance Measurement Tools (PMT) quarterly report • <i>For the period 10/01/2020 – 12/31/2020</i>	January 30, 2021
OVC Performance Measurement Tools (PMT) quarterly report • <i>For the period of 01/01/2021 – 03/31/2021</i>	April 30, 2021
OVC Performance Measurement Tools (PMT) quarterly report • <i>For the period of 04/01/2021 – 06/30/2021</i>	July 30, 2021
OVC Performance Measurement Tools (PMT) quarterly report • <i>For the period 07/01/2021 – 09/30/2021</i>	October 30, 2021
Project Progress Report • <i>For the year of 10/01/2020 – 09/30/2021</i>	October 31, 2021

Federal Required Reports

Required Reports	Due Date
Juvenile Justice Project Progress Report <i>For the year of 10/01/2020 – 09/30/2021</i>	30 days after the end of quarter
Juvenile Justice Mid Year/ Final Report <i>For the year of 10/01/2020 – 09/30/2021</i>	Mid-year, April 30, 2021 Final, October 31, 2021
VAWA STOP Progress Report <i>For the year of 10/01/2020 – 09/30/2021</i>	January 30, 2021 October 30, 2021



Audit (Financial) Reporting

North Carolina state law (G.S. 143C-6-23) requires every nongovernmental entity that receives State or Federal pass-through grant funds from a state agency to file annual reports on how those grant funds were used. Specific requirements for each funding level are as follows:

Non-Governmental Entities Required Reporting

Reporting Levels	Required Documents
<p><i>Level I (Less than \$25,000)</i> A grantee receiving less than \$25,000 (combined) in State or Federal pass through funds must submit:</p>	<ul style="list-style-type: none"> • Certification Form • State Grants Compliance Reporting for Receipts of Less than \$25,000 <p>Level I forms and reporting must be submitted to:</p> <p>DPS_GRANTCOMPLIANCEREPORTS@ncdps.gov.</p>

Non-Governmental Entities Required Reporting

Reporting Levels	Required Documents
<p><i>Level II (\$25,000 - \$499,999)</i> A grantee that receives between \$25,000 - \$499,999 (combined) in State or Federal pass-through funding must submit:</p>	<ul style="list-style-type: none"> • Certification Form • State Grants Compliance Reporting for Receipts of \$25,000 or More • Schedule of Receipts and Expenditures • Program Activities and Accomplishments Reports <p>Level II forms and reporting must be submitted to:</p> <p>DPS_GRANTCOMPLIANCEREPORTS@ncdps.gov</p>

Non-Governmental Entities Required Reporting

Reporting Levels	Required Documents
<p>Level III (\$500,000 - \$749,999) A grantee that receives a combined \$500,000 or more in North Carolina State funding or Federal funding passed through a State Agency must submit:</p>	<ul style="list-style-type: none"> • Certification Form • State Grants Compliance Reporting for Receipts of \$25,000 or More • Program Activities and Accomplishments Reports <p>Level III forms and reporting must be submitted to: DPS_GRANTCOMPLIANCEREPORTS@ncdps.gov. Submit within nine months of the grantee's fiscal year end:</p> <p>Submit to DPS Internal Audit AuditGrantsReport@ncdps.gov a single audit prepared and completed in accordance with Generally Accepted Government Auditing Standards.</p>

Non-Governmental Entities Required Reporting

Reporting Levels	Required Documents
<p>Level III (\$750,000+) A grantee that receives a combined \$750,000 or more in funding from all federal funding sources, even those passed through a state agency must submit:</p>	<ul style="list-style-type: none"> • Certification Form • State Grants Compliance Reporting for Receipts of \$25,000 or More • Program Activities and Accomplishments Reports <p>Level III forms and reporting must be submitted to: DPS_GRANTCOMPLIANCEREPORTS@ncdps.gov. Submit within nine months of the grantee's fiscal year end: Submit to DPS Internal Audit (AuditGrantsReport@ncdps.gov)</p> <ol style="list-style-type: none"> 1. a single audit prepared and completed in accordance with Generally Accepted Government Auditing Standards. 2. Post the single audit to the Federal Audit Clearinghouse (https://harvester.census.gov/facweb/). Make copies of the single audit available to the public.

Budget Adjustments And The 10% Rule

Non-Budgetary Adjustment

- ▶ Grant period extension
- ▶ Personnel changes

Monetary Budget Adjustment

- ▶ Reallocate funds
- ▶ Increase funds

Budget Adjustments

Subrecipients must initiate a budget adjustment if the budget modification proposes to:

- ▶ Change the scope of the project- requires prior approval
- ▶ Add a new category that did not previously exist on the grant
 - Example- adding travel as a budget category that did not previously exist
- ▶ Move grant funds from one category to another
 - Example- move funds from Personnel to Supplies and Operating
- ▶ Increase the amount of any existing line item

Submitting a Budget Adjustment

If the budget adjustment meets any of the criteria on the previous slide, a budget adjustment/modification must be submitted via GEMS in the form of a Monetary Budget Adjustment

Budget Modification Cap- 10% rule

- ▶ Budget modifications are capped at 10% of award funds for total grant awards that are \$250,000 and greater.
- ▶ The desire to re-purpose match requires a monetary budget adjustment but does not count toward the 10%.
- ▶ There is no limit to the number of monetary budget adjustment that can be submitted to GCC.

Budget Modification Cap- 10% rule

Continued

- ▶ Once the sub-recipient has been allowed to move 10% of the total grant award, subsequent budget adjustments will be reviewed on a case-by case basis for approval or denial.
- ▶ If you receive an approval of additional grant funds, you will need to submit a budget modification to increase your budget, then the cap is increased by 10% of the added funds.

Budget Modification/Adjustment Denial

The budget modification/adjustment will be denied IF:

- ▶ Exceeds 10% of the total grant award for those grants \$250,000 and greater
- ▶ Inconsistent with the grant purpose
- ▶ Unallowable
- ▶ Failure to support/further the program
- ▶ Supplanting
- ▶ Not submitted 60 days before the end of the period of performance

Technical Assistance

If you have any questions or concerns do not hesitate to contact your grants administrator. We are here to help!



Questions