

Procedures for Grant Reimbursement

- 1. Spend money related to the grant project, following the budget you proposed in your application. If your approved grant amount was less than your requested amount, check your grant award letter for details on any budget items that were included or excluded from the grant award.
- 2. In order to be reimbursed, each grant expense must be substantiated by third-party documentation. Therefore, as you work on your grant project and incur expenses, please collect and save all statements, receipts, and invoices related to your grant. These documents should be generated from your vendor, not from your organization. If your grant included financial assistance to individuals or households, please contact us for instructions; you may be able to provide a list of clients and payments instead of third-party documentation.
- 3. If your grant included staff wages, keep timesheets for the relevant staff through the grant period. Your timesheets must include: A) the hourly rate; B) dates and hours worked; C) the tasks and outputs accomplished; D) a signature from your CEO, executive director, or the relevant supervisor; and E) the total amount billable to the grant. Please see the reverse side for a sample timesheet; an electronic version can also be downloaded from www.obcf.org/grants/community-enrichment-grants-faq. Or, if your organization already has a timesheet that you'd prefer to use, you may use that instead, so long as it includes the required information (A – E) listed above.
- 4. If you anticipate that your project expenses will differ significantly from the budget we approved, please contact our office (admin@obcf.org) before incurring divergent expenses.
- 5. Create a summary document of your financial records, and specify the total amount requested for reimbursement. Your summary should clearly reference the invoices, statements, timesheets, and receipts you attach. Your summary does <u>NOT</u> need to include a narrative of your program results; save that for your final report, which should be completed after you have finished the project, after you have requested and received your final grant payment.
- 6. Remember, the Community Foundation does not reimburse for sales tax because 501(c)(3) organizations are eligible for a sales tax refund from the State of North Carolina. For more information on requesting a sales tax refund, please contact the NC Department of Revenue.
- 7. Fax, mail, or drop off your financial summary and all documentation to the Community Foundation, or email documents to <u>admin@obcf.org</u>. We will review your grant documentation and contact you with any questions.
- 8. The Community Foundation typically issues grant checks once every two weeks; please see the attached schedule for deadlines and check-writing dates. Grant payments will be issued only to the grantee organization. The Community Foundation is unable to pay your vendors directly.
- 9. You can request your reimbursement in increments as you spend money across your one-year grant period. However, please do not request reimbursements more than once per month or for amounts less than \$500, unless you are requesting your final distribution.
- 10. If your organization has extreme circumstances, and you are unable to spend the entire awarded amount before the end of your grant period, please contact Lorelei about a possible extension.

| Outer Banks Community Foundation Grant Payment Timesheet | | | | | | | | | | |
|---|-------------------------|---|----------|------------|----------|------------|--|-----------------|--|--|
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| Instructions: Use this times spent on your grant project hours worked on each day | t. You may enter : | | | | | | | | | |
| Employee Name: | | | | | | | | | | |
| Employee Job Title: | | | | | | | | | | |
| | | | | | | | | | | |
| Day | Date | Start Time | End Time | Start Time | End Time | Start Time | End Time | Hours Worked | | |
| Monday | | | | | | | | 0.00 | | |
| Tuesday | | | | | | | | 0.00 | | |
| Wednesday | | | | | | | | 0.00 | | |
| Thursday | | | | | | | | 0.00 | | |
| Friday | | | | | | | | 0.00 | | |
| Saturday | | | | | | | | 0.00 | | |
| Sunday | | | | | | | | 0.00 | | |
| Hourly Wage Rate | Hourly Wage Rate \$0.00 | | | | | | Total Hours | 0.00 | | |
| Hrly Rate Incl. Taxes | \$0.00 | taxes, benefits, overhead, or any other payroll | | | | | | \$0.00 | | |
| | | This field is auto-calculated to add Social Security and Medicare taxes to the hourly wage rate. | | | | | | · | | |
| | | | | | | | is field is auto-calculated, multiplying the total hours wes the hourly rate including taxes. | | | |
| Tasks/Outputs Accomp | olished This We | eek: | | | L | , | 5 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Supervisor or CEO signation | | | | | Date | | | | | |