

# REIMBURSEMENT GUIDELINES TRAINING



Provided by  
the Professional Staff of:

The Department of Military Affairs  
and  
The Division of Emergency Management



# PURPOSE

- ▶ To set forth standards for obtaining consistency, uniformity, and compliance among all federal grant reimbursement requests of non-federal entities expending federal awards



# OBJECTIVES

- ▶ To provide guidance, education, support, and direction to ensure non-federal entities are in compliance with all applicable requirements and guidelines
- ▶ To expedite reimbursements to non-federal entities
- ▶ To ensure reimbursements are documented properly to withstand third-party scrutiny. (i.e. APA audits, FEMA site visits, OIG, internal audits, and sub-recipient monitoring)
- ▶ To achieve consistency among multiple federal grants



# AUTHORITY



# AUTHORITY

- ▶ Federal Requirements:

2 CFR 200

*Formerly:*

44 CFR PART 13

2 CFR 225 Cost Principles for State and Locals

OMB Circulars A-87, A-102, A-133

Federal Program Guidelines



# AUTHORITY – 2CFR 200

- ▶ 2 CFR 200.302(b)(3) ***Financial Management***
  - Records that identify adequately the source and application of funds for federally funded activities. These records must contain information pertaining to federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income and interest and be supported by source documentation.
  
- ▶ 2 CFR 200.403(g) ***Factors Affecting Allowability of Costs***
  - Be adequately documented.



# AUTHORITY – 2CFR 200

- ▶ 2 CFR 200.403(c) *Factors Affecting Allowability of Costs*
  - Be consistent with policies and procedures that apply uniformly to both federally-financed and other activities of the non-federal entity.
- ▶ 2 CFR 200.400(d) *Policy Guide*
  - The application of these cost principles should require no significant changes in the internal accounting policies and practices of the non-federal entity. However, the accounting practices of the non-federal entity must be consistent with these cost principles and support the accumulation of costs as required by the principles, and must provide for adequate documentation to support costs charged to the federal award.



# AUTHORITY – 2CFR 200

- ▶ 2 CFR 200.53(b) *Improper Payment*

- Improper payment includes any payment to an ineligible party, any payment for an ineligible good or service, any duplicate payment, any payment for a good or service not received (except such payment where authorized by law), any payment that does not account for credit for applicable discounts, and any payment where insufficient or lack of documentation prevents a reviewer from discerning whether a payment was proper.

- ▶ 2 CFR 200.420 *Consideration for Selected Items of Cost*

States in-part

- Criteria outlined in 200.403 factors affecting allowability of costs must be applied in determining allowability.





# AUTHORITY – 2CFR 200

- ▶ 2 CFR 200.430(i)(1) *Compensation–Personal Services*
  - Standards for documentation of personnel expenses (1) charges to federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must:
    - Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated;
    - Be incorporated into the official records of the non–federal entity



# AUTHORITY – 2CFR 200

- Reasonably reflect the total activity for which the employee is compensated by the non-federal entity, not exceeding 100% compensated activities;
- Encompass both federally assisted and all other activities compensated by the non-federal entity on an integrated basis, but may include the use of subsidiary records as defined in the non-federal entity's written policy;
- Comply with the established accounting policies and practices of the non-federal entity;



# AUTHORITY – 2CFR 200

- Support the distribution of the employee’s salary or wages among specific activities or cost objectives if the employee works on more than one federal award; a federal award and non-federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation basis; or an unallowable activity and a direct or indirect cost activity
- ▶ 2 CFR 200.430(i)(3) ***Compensation–Personal Services***
    - In accordance with department of labor regulations implementing the Fair Labor Standards Act (FLSA) (29 CFR PART 516), charges for the salaries and wages of nonexempt employees, in addition to the supporting documentation described in this section, must also be supported by records indicating the total number of hours worked each day.



# AUTHORITY – 2CFR 200

- ▶ 2 CFR 200.331(a)(2) *Requirements for Pass-Through Entities*
  - All requirements imposed by the pass-through entity on the sub-recipient so that the federal award is used in accordance with federal statutes, regulations and the terms and conditions of the federal award.
- ▶ 2 CFR 200.331(a)(3) *Requirements for Pass-Through Entities*
  - Any additional requirements that the pass-through entity imposes on the sub-recipient in order for the pass-through entity to meet its own responsibility to the federal awarding agency including identification of any required financial and performance reports.



# AUTHORITY – 2CFR 200

- ▶ 2 CFR 200.79 *Personally Identifiable Information (PII)*
  - PII means information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual.
  
- ▶ 2 CFR 200.82 *Protected Personally Identifiable Information (Protected PII)*
  - Protected PII means an individual's first name or first initial and last name in combination with any one or more of types of information, including, but not limited to, social security number, passport number, credit card numbers, clearances, bank numbers, biometrics, date and place of birth, mother's maiden name, criminal, medical and financial records, educational transcripts. This does not include PII that is required by law to be disclosed.
  
- ▶ 2 CFR 200.303(e) *Internal Controls*
  - Take reasonable measures to safeguard protected personally identifiable information (PII) and other information the federal awarding agency or pass-through entity designates as sensitive or the non-federal entity considers sensitive consistent with applicable federal, state, local, and tribal laws regarding privacy and obligations of confidentiality.



# AUTHORITY – 2CFR 200

- ▶ 2 CFR 200.333 *Retention Requirements*
- ▶ 2 CFR 200.336 *Access to Records*
- ▶ 2 CFR 200.338 *Remedies for Non-Compliance*
- ▶ 2 CFR 200.207 *Specific Conditions*



# AUTHORITY – 2CFR 200

## ▶ 2 CFR 200.77 *Period of Performance (POP)*

- Period of performance means the time during which the non-federal entity may incur new obligations to carry out the work authorized under the federal award. The federal awarding agency or pass-through entity must include start and end dates of the period of performance in the federal award.

## ▶ 2 CFR 200.309 *Period of Performance (POP)*

- A non-federal entity may charge to the federal award only allowable costs incurred during the period of performance and any cost incurred before the awarding agency or pass-through entity made the federal award that were authorized by the federal awarding agency or pass-through entity.



# AUTHORITY

- ▶ STATE REQUIREMENTS:

  - Kentucky Revised Statutes (KRS)

  - Kentucky Administrative Regulations (KAR)

  - Finance Cabinet Pre-Audit e-MARS Users Manual

  - Finance and Administration Policies (FAP)

  - Department of Military Affairs Procedures

  - KYEM Procedures





# AUTHORITY – KENTUCKY CONSTITUTION

SECTION 3. All men, when they form a social compact, are equal; and no grant of exclusive, separate public emoluments or privileges shall be made to any man or set of men, except in consideration of public services; but no property shall be exempt from taxation except as provided in this constitution, and every grant of a franchise, privilege or exemption, shall remain subject to revocation, alteration or amendment.



# AUTHORITY – KENTUCKY REVISED STATUTES

- ▶ KRS 13A Administrative Regulations
- ▶ KRS 42 Finance and Administration Cabinet
  - 42.0201 Office of the Controller
- ▶ KRS 45 Budget and Financial Administration
  - 45.121 – “The Finance and Administration Cabinet may rely on the pre-audit performed by a budget unit as a basis for issuing a warrant.”
- ▶ KRS 45A Kentucky Model Procurement Code



# AUTHORITY – KENTUCKY ADMINISTRATIVE REGULATIONS

- ▶ 200 KAR 2:006(7)(4)(b)
  - Mileage for in-state travel shall be based on the “Kentucky Official Highway Map”, mileage software or MapQuest website. Out-of-state mileage shall be based on the most recent edition of the “Rand McNally Road Atlas”, mileage software or MapQuest website.



# AUTHORITY – PRE-AUDIT USER MANUAL

- ▶ All Pre-Audit Processes Must Emphasize:
  - Authenticity of the documents
  - Legality of propriety of financial transactions
  - Authorized approvals of financial transactions
  - Review of financial transactions for appropriate accounting code and accuracy
  - Generally Accepted Accounting Principles (GAAP)
  
- ▶ The Pre-Audit Process Includes, But Is Not Limited To, Ensuring:
  - Proper backup documentation is available to establish that the cost is properly allocable to the project to be charged
  - Documentation is complete and understandable to an independent third party without additional information
  - Payee, address, and accounting code information are complete and accurate



# AUTHORITY – PRE-AUDIT USER MANUAL

- ▶ Documentation shall be sufficient, competent, and relevant in establishing the appropriateness of the transaction:
  - Sufficient documentation is factual, adequate, and convincing so that a prudent, informed person would reach the same conclusion regarding the transaction as the individual(s) who authorized it.
  - Competent documentation is reliable and the best attainable under the circumstances.
  - Relevant documentation applies to the transaction.



# AUTHORITY – FAP

- ▶ FAP 120–13–00 *Decentralization of the Pre–Audit Function*
  - Pre–Audit shall consist of verification of the validity of claims.
  
- ▶ FAP 110–10–00 *General Conditions and Instructions for Solicitations and Contracts*
  - Seller’s Invoices – shall contain at least the following information:
    - Contract and order number
    - Item numbers
    - Description of supplies or services
    - Sizes
    - Quantities
    - Unit price
    - Extended totals



# AUTHORITY – FAP

- ▶ **FAP 111-45-00 *Payment Documents***
  - The invoice shall be on the official invoice form of the vendor.
  
- ▶ **FAP 111-26-00 *Tax Exemption for Purchases***
  - KRS 139.470(7) Provides that the Kentucky Sales and Use Tax shall not apply to purchases of tangible personal property or services made by any cabinet, department, bureau, commission, board, or other statutory or constitutional agency of the commonwealth.



# GENERAL GUIDELINES





# GENERAL REIMBURSEMENT GUIDELINES

- ▶ Responsibilities (non-compliance)
- ▶ Grant program reimbursement requests must:
  - Be approved by KYEM
  - Comply with local, state, and federal laws, regulations, policies, procedures, and agency or program guidelines
  - Not be all encompassing (case by case)



# GENERAL REIMBURSEMENT GUIDELINES

1. Be necessary and reasonable for proper and efficient performance and administration of the applicable award or grant
2. Be allowable and allocable under the grant guidelines
3. Be allowable under the provisions of 2 CFR 200 and conform to any limitations or exclusions set forth therein



# SUBMISSION OF REQUESTS

1. All required supporting documentation must be included when reimbursement requests are submitted.
2. Documentation must be complete and understandable to an independent third-party without additional information or explanation.
3. Supporting documentation must be uploaded to the appropriate program location in SharePoint when applicable.
4. Reimbursement requests must include required signatures.



# SUBMISSION OF REQUESTS

5. If supporting documentation does not clearly identify the purpose or description of the item or service being purchased, then clarification should be provided with the invoice.
6. All Personally Identifiable Information (PII) should be omitted or redacted (blacked out or whited out) (i.e. social security number, date of birth, etc.)
7. All disbursement transactions must be accompanied by a receipt or invoice that is legible and complete.



# RECEIPTS

1. Name and address of the vendor or establishment providing the product or service
2. Date the product or service was provided
3. Itemized description of all products or services
4. Unit price of products or services (if applicable)
5. Total amount charged
6. Kentucky Sales Tax is not typically reimbursable



# INVOICES

1. Invoices submitted must include:
  - Vendor/payee invoice number, account number, and any other unique meaningful identifying number.
  - Vendor name, address, and telephone number
2. Services (such as mowing or cleaning) must include a complete invoice.



# INVOICES

3. Quotes, bids, proposals, or prepaid invoices are not acceptable for reimbursement or advance payments.
4. Statements are generally not acceptable for reimbursement.
5. Invoices must be a legible copy of the original.
6. Invoices must be complete when received from the provider of the service.



# ADDITIONAL OR PROGRAM SPECIFIC DOCUMENTATION

- ▶ Form 152/153
- ▶ Form 160
- ▶ Form 1801
- ▶ Risk Assessment





# DOCUMENTATION GUIDELINES

## Specific Expenditures



# GENERAL BACKUP DOCUMENTATION GUIDELINES FOR SPECIFIC TYPES OF EXPENDITURES

- ▶ Cost Shares or Cost Allocations
  - Cost reimbursements for shared facilities, utilities, telephone bills, partial salaries, vehicles, and services must be indicated on Form 152/153.
  - Established cost share percentage for the program and the actual amount due must be indicated on the source document submitted for reimbursement.
    - 1. Must provide a copy of the invoice showing the total amount due
    - 2. Proof of Payment



# FACILITY AND LAND LEASE

- ▶ Copy of lease agreement must contain:
  - Names of landlord and lessee
  - Dated signatures of both parties
  - Length of lease
  - When rent/lease payments are due
  - Lease amount
  - Agreement regarding utilities and maintenance responsibilities
  - Address of leased property
  - Proof of Payment
  - Property owned by the non-Federal entity, or affiliations, is generally not eligible for reimbursement
- ▶ Special Note (for cost sharing):
  - Provide cost allocation plan
  - Report on Form 152/153



# EQUIPMENT AND COPIER COSTS

- ▶ Invoice from provider
- ▶ Indicate the location of the copier/equipment and the program it supports
- ▶ Proof of Payment
- ▶ Note: Copier invoices must reflect a per copy rate, or a copy of the lease must be provided.



# OFFICE COMMUNICATIONS

- ▶ Complete copy (all pages front and back) of original bill (i.e. phone, cell phones, fax, internet)
- ▶ Indicate the supported program and location of the phone, fax, internet connection, or to whom the cell phone is issued.
- ▶ Proof of Payment



# OFFICE COMMUNICATIONS

## ▶ Special Notes:

- Submit only pages of the invoice that are applicable
- Submit additional pages as necessary for clarification
- Retain full bill at sub–recipient level for audit review
- Specify on Form 152/153
  - County issued cell phones
  - Submit only pages of the invoice that are applicable
- Reimbursement of personal cell phone
  - If possible, establish a flat rate policy or highlight applicable charges
  - Copy of the invoice
  - Proof of payment to employee for cell phone invoice



# ADMINISTRATIVE SUPPORT

- ▶ Cost per hour of compensation and how this rate was determined
- ▶ Number of hours worked
- ▶ Total cost of compensation
- ▶ Timeframe and purpose
- ▶ Time statements signed by employee and supervisor, designated official, or designee
- ▶ Proof of Payment



# UTILITIES

- ▶ Copy of invoice
- ▶ Location of service
- ▶ Proof of Payment
- ▶ Special note (for cost sharing):
  - Provide cost allocation plan
  - Report on Form 152/153





# OFFICE SUPPLIES AND OTHER ALLOWABLE EXPENSES

- ▶ Copy of itemized invoice
- ▶ Purpose/Justification
- ▶ Proof of Payment



# TRAVEL

- ▶ Travel reimbursement requests must be submitted in one complete request, per traveler, for each event.
- ▶ Include all supporting documentation without split of expenses.



# TRAVEL

- ▶ Complete and signed travel voucher
- ▶ Hotel folio must reflect zero balance due
- ▶ Meal receipts (unless paid under per diem rates)
- ▶ Miscellaneous travel receipts
- ▶ Proof of attendance to conferences, meetings, trainings, exercises
- ▶ Written authorization
- ▶ Air fare documentation
- ▶ Full and legible receipts
- ▶ Receipts must be provided for fuel purchases
- ▶ POV mileage will be reimbursed per sub-recipient travel policy
- ▶ All reimbursements must be paid in accordance with sub-recipient travel policy



# PROGRAM HOSTED EVENT, TRAINING, OR EXERCISE

- ▶ Agenda or official public notification
- ▶ Registration list
- ▶ Sign-in sheets
- ▶ Meal receipts
- ▶ Itemized receipts for other authorized purchases
- ▶ Proof of Payment



# VEHICLE MILEAGE

- ▶ For EMA and CSEP programs, all mileage must be reported on the “Mileage/Fuel Reimbursement Log”
- ▶ All out-of-state travel must be supported with mileage software (I.E. Google Maps, MapQuest, etc.)
- ▶ Mileage will be paid at state rate\*
- ▶ If mileage is claimed then fuel and maintenance cannot be claimed
- ▶ If a vehicle is used by multiple programs then mileage must be claimed



# FUEL

- ▶ For EMA and CSEP programs, all mileage must be reported on the “Mileage/Fuel Reimbursement Log”
- ▶ Copy of invoice
- ▶ If mileage claimed then fuel and maintenance cannot be claimed
- ▶ If vehicle used by multiple programs then mileage must be claimed
- ▶ Identify vehicle (VIN or Tag Number)
- ▶ Proof of Payment



# VEHICLE MILEAGE REIMBURSEMENTS

## MILEAGE/FUEL REIMBURSEMENT LOG

Page \_\_\_\_\_ of \_\_\_\_\_ Month \_\_\_\_\_

Vehicle ID \_\_\_\_\_ COUNTY \_\_\_\_\_ Year \_\_\_\_\_

Date	Odometer		Total Miles	Purpose/Location	*Program	Date	Odometer		Total Miles	Purpose/Location	*Program
	Beginning	Ending					Beginning	Ending			
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		
			-						-		

\_\_ ALL OUT of STATE TRAVEL requires mileage software (i.e. Google Maps or MapQuest) directions.  
 \_\_ For conferences, meetings, trainings, etc reported on this form, proof of attendance must be maintained at the county level for state or federal audit review.

Claiming: FUEL or MILEAGE (circle one) --- If claiming mileage, complete the following:

Travel Policy: STATE or COUNTY (circle one)		Mileage Rate: \$ -
Total Miles x Mileage Rate	=	Total Mileage Amount Claimed
CSEPP - \$ -	\$	-
EMA - \$ -	\$	-
Other - \$ -	\$	-

**\*Program Codes**  
 C- CSEPP  
 E- EMA  
 O- Other

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 EM/CSEPP Director Signature / Date          County Judge/Executive (or Designee) Signature / Date

KYEM Form: Mileage/Fuel Reimbursement Log          Revised: 08/16



# VEHICLE MILEAGE REIMBURSEMENTS

## MILEAGE/FUEL REIMBURSEMENT LOG



### Overview

This log is to be completed and submitted by a county seeking mileage or fuel reimbursement when county vehicles are utilized for federal grant program activities.

### Key Points for Proper Submission

- ✓ If a vehicle is only used by one program, submit one complete mileage log for all of that vehicle's mileage. Select whether the claim is for fuel or mileage. If claiming fuel for the vehicle, provide the mileage log and applicable fuel receipts/invoices.
- ✓ If a vehicle is assigned to/used by multiple programs, (for example: CSEPP, EMA, County EMS, etc.), submit one log for all mileage with specific use noted in "Purpose/Location". Use provided program codes to identify to what program each entry pertains.
- ✓ Beginning and ending odometer entries must be sequential for all trips, with no unaccounted for gaps between entries. An exception would be vehicles not assigned to programs (i.e. motor pool vehicles).
- ✓ If claiming mileage, complete the information and mileage calculations in the box above the EM/CSEPP Director Signature line.
- ✓ If the mileage claimed is associated with an event, such as a training, conference, or a meeting, the sub-recipient must maintain documentation within its premises, attached to the appropriate mileage log, which indicates proof of attendance. Acceptable documentation includes, but is not limited to, any of the following; agenda, registration form, sign-in sheet, or authorization.
- ✓ If the reimbursed miles are for an out-of-state trip, include mileage software (i.e. Google Maps or MapQuest) directions that confirms the number of miles driven.
- ✓ When the form has been completed, obtain the required signatures, attach any applicable supporting documentation, and submit for reimbursement.





# MAINTENANCE OR REPAIR OF EQUIPMENT

- ▶ Copy of invoice
- ▶ Specify specific equipment (inventory, serial number or VIN)
- ▶ Explanation to justify repair
- ▶ If mileage claimed then fuel and maintenance cannot be claimed
- ▶ Proof of Payment



# SALARY AND BENEFITS

- ▶ Daily work hours for each pay period are to be recorded on the KYEM Form “Time and Attendance Report”
  - Must account for all activity for which the employee is compensated
- ▶ Copy of the payroll register, payroll check with the pay stub attached, or payroll summary
- ▶ Submit program/grant specific salary reimbursement forms if applicable



# SALARY AND BENEFITS

- ▶ Time and Attendance Report Must:
  - Reflect after-the-fact distribution of actual activity
  - Coincide with the actual pay periods
  - Contain the rate(s) of pay for the employee
  - Be signed and dated by the employee
  - Be certified correct by signature and date of the proper authority for the sub-recipient
  - Be supported by attachment of employee's actual timesheet(s) submitted for sub-recipient payroll purposes
  - If time reported on the KYEM Time and Attendance Form differs from time on the submitted timesheet(s), a thorough explanation is needed.



# SALARY AND BENEFITS



**TIME AND ATTENDANCE REPORT**  
LOCAL EMERGENCY MANAGEMENT AGENCY

Jurisdiction Name \_\_\_\_\_  
 Staff Member Name \_\_\_\_\_  
 Pay Period Covered \_\_\_\_\_ (MM/DD/YY) to \_\_\_\_\_ (MM/DD/YY)

Date of Warrant/EFT \_\_\_\_\_

RECORD OF HOURS	TOTAL BY HOUR TYPE FOR PERIOD	DATE OF MONTH											
<b>Paid Attendance Hours</b>													
Normal Day Hours EMA	-												
Normal Day Hours CSEPP	-												
Normal Day Hours Hazard Mitigation	-												
Normal Day Hours Public Assistance	-												
Normal Day Hours Other	-												
<b>Additional Hours</b>													
Additional Hours EMA	-												
Additional Hours CSEPP	-												
Additional Hours Hazard Mitigation	-												
Additional Hours Public Assistance	-												
Additional Hours Other	-												
<b>Absence Hours Charged to</b>													
Annual Leave (Vacation)	-												
Sick Leave	-												
Compensatory Leave	-												
Other (i.e. Holiday, Administrative Leave)	-												
<b>TOTALS</b>	-												

I, the undersigned, declare under penalty of perjury that I have examined this document, including all supporting documents, and certify that attendance, overtime and absences are correct, used for the preparation of payroll and support the identified grant programs in accordance with Federal award agreements.

\_\_\_\_\_  
 Employee Signature Date \_\_\_\_\_ (Month, Week, Hour)

EMA Pay Rate \$ \_\_\_\_\_ Per \_\_\_\_\_  
 CSEPP Pay Rate \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Other Pay Rate \$ \_\_\_\_\_ Per \_\_\_\_\_

\_\_\_\_\_  
 Certified Correct Signature Date \_\_\_\_\_

FOR KYEM USE ONLY			
Grant Distribution _____%	(circle one)	(circle if applicable)	
	Comp Time Accrual	Multiple Pay Checks	
(circle one)	Overtime Pay	Advanced Payroll	
Part Time Full Time	No Premium Time	T&A Form Adopted as Official Timesheet	



# SALARY AND BENEFITS

## INSTRUCTIONS FOR COMPLETING TIME AND ATTENDANCE REPORT



1. Fill out all information at the top of the form.
2. Fill in each date of the month for the pay period under "DATE OF MONTH" (month/year indication is not necessary).
3. According to each work activity type or leave type identified in the three sections under "RECORD OF HOURS", fill in all applicable hours in the column corresponding to the "DATE OF MONTH" for each day/activity.
4. Compute total hours for each pay period by work activity type and leave type in the column "TOTAL BY HOUR TYPE FOR PERIOD".
5. Compute total hours worked each day (from "DATE OF MONTH" columns) on the bottom row, "TOTALS".
6. Compute total hours worked in the pay period in the last row of the "TOTAL BY HOUR TYPE FOR PERIOD" column.
7. Verify that the total hours computed in the "TOTAL BY HOUR TYPE FOR PERIOD" column matches the total of per day hours within the "DATE OF MONTH" columns.
8. Verify that the reported hours on the Time and Attendance Report match those hours recorded on the sub-recipient's official timesheet(s). For exceptions, a thorough explanation should be provided.
9. For each sub-recipient funding source that compensates the employee, fill in the pay rate per month, week, or hour.
10. Employee must sign and date the Time and Attendance Report after reading the declaration above "Employee Signature".
11. Proper authority must certify the Time and Attendance Report to be correct through signature and date.



# SALARY AND BENEFITS

- ▶ Supporting documentation for fringe benefits
  - Proof of payment must be in the form of a cancelled check, acceptable payment register, or bank statement (referencing covered period)
  - This documentation is not required if reflected on paystub, payroll summary, or payroll register
- ▶ Audit findings relating to payroll – additional documentation required
- ▶ Justification of overtime – additional documentation required
  - Proof of attendance (i.e. meetings, trainings, etc.)
  - Written documentation on tasks performed
  - Proof of program/grant allowability
  - Supervisor/KYEM approval



# CALCULATIONS

- ▶ Any calculation should be clearly identified and understandable to a third party
  - Proration
  - Percentages
  - Cost Allocations
- ▶ All calculations must be identified on the appropriate supporting documentation
- ▶ Handwritten notations must be initialed and dated



# WHY MUST WE PRORATE?

- ▶ Period of Performance (POP)

- 2 CFR 200.77

- The time during which the non-federal entity may incur new obligations to carry out the work authorized under the federal award

- 2 CFR 200.309

- A non-federal entity may charge to the federal award only allowable costs incurred during the period of performance





# PRORATE PROCEDURES

1. Determine the number of days in the billing service period
2. Determine the amount per day: divide the monthly billing amount by the number of days determined in #1
3. From the billing service period determine the number of billing days in September and then for October
4. Multiply the amount per day (found in #2) by the number of billable days in each month (found in #3) to find your prorated amounts for each month
5. The amount found above for September in item 4 will be included on the September Form 160
6. The amount found above for October in item 4 will be included on the October Form 160



# NOTES AND CLARIFICATIONS

- ▶ These procedures cannot be all encompassing
- ▶ Not all reimbursable expenses are contained within these guidelines
- ▶ Not all listed expenses are reimbursable for every grant program
- ▶ Sub-recipients shall be notified of immaterial changes in reimbursement amounts (72 hours for protest)
- ▶ Specific questions should be directed to appropriate KYEM program staff



# NOTES AND CLARIFICATIONS

- ▶ All reimbursement requests must include:
  - Proof of Payment
  - Copy of legible receipt or invoice
  - Other necessary support documentation
- ▶ Invoices and receipts must be itemized
- ▶ Improper or inadequate documentation will be rejected and returned
- ▶ Late Fees are NOT eligible for reimbursement
- ▶ Memberships /dues to professional organizations are only reimbursable at agency level



# NOTES AND CLARIFICATIONS

- ▶ Maintenance and repair reimbursements – the original program funding for the equipment may be requested to determine eligibility
- ▶ When travel involves multiple personnel reimbursement documentation must be for individual expenditures
  - An exception is group lodging of four (4) or more rooms which was paid as one (1) bill
- ▶ If combining personal travel with business travel
  - A statement must be provided that no personal expenses have been included
  - Travel time reflects only what was required for the program purpose



# NOTES AND CLARIFICATIONS

- ▶ Counties must state on their form 152/153
  - If they will adopt the state travel policy
  - If they will follow their own written and approved county travel policy
- ▶ Any portion of a sub-recipient's policy that is less restrictive than state policies, program guidelines, or federal laws and regulations may not be honored
- ▶ If a document copy for reimbursement is not legible one of the following must occur:
  - Submission of the original document
  - Fiscal officer makes a copy or scan of the original and writes in what is not legible (sign and date)



# NOTES AND CLARIFICATIONS

- ▶ Altered documents are NOT acceptable
- ▶ Do not include any Personally Identifiable Identification (PII)
- ▶ It is the sub-recipient's responsibility to ensure:
  - Proper lines of authority sign-off
  - Approve and submit the appropriate paperwork for reimbursement
- ▶ All written clarifications or notations must be signed (or full initials) and dated by authorized individual
- ▶ Final decisions of the allowance, reasonableness, and allocation for reimbursement will be made by appropriate staff of KYEM or DMA



# NOTES AND CLARIFICATIONS

- ▶ All grant disbursements are subject to post reimbursement reviews
- ▶ Audit findings may result in delay or denial of reimbursement request until resolution



# DEFINITIONS

- ▶ Allocation
- ▶ Allowable
- ▶ Invoice
- ▶ Legible
- ▶ Non-Federal Entity
- ▶ Personally Identifiable Information (PII)
- ▶ Proof of Payment
- ▶ Reasonable
- ▶ Receipt
- ▶ Sub-recipient





# References

- ▶ Kentucky Revised Statutes (KRS)
- ▶ Kentucky Administrative Regulations (KAR)
- ▶ Kentucky Finance Cabinet Pre-Audit e-MARS User's Manual
- ▶ Kentucky Finance and Administration Policies (FAP)
- ▶ Department of Military Affairs Internal Controls
- ▶ Federal Grant Awards
  - Before 12/26/2014
    - 44 CFR PART 13
    - 2 CFR 225 (OMB Circular A-87)
  - After 12/26/2014
    - 2 CFR 200



# ADDITIONAL INFORMATION IMPACTING REIMBURSEMENTS



# RISK ASSESSMENTS

- ▶ Per 2 CFR 200.331 (b)
  - The pass-through entity (KYEM/DMA) must evaluate the risk of non-compliance for each sub-recipient to determine the appropriate level of sub-recipient monitoring
- ▶ In order to receive a federal grant award, a risk assessment must be completed each year
- ▶ If sub-recipient receives more than one grant from KYEM—only one risk assessment needs to be completed



# AUDIT REQUIREMENTS

- ▶ To ensure reimbursement – audits must be completed within timeframe
  - Single audit is required per federal regulation
  - County financial audit is required per state law
- ▶ Important dates
  - February 1 – CPA audits due to the Kentucky Auditor of Public Accounts
  - March 31 – single audit deadline (if applicable) – 2 CFR 200.512(a)
- ▶ **It is your responsibility to ensure these deadlines are met**



# GUIDELINES HELP PREVENT FRAUD, WASTE, AND ABUSE

- ▶ Federal grant funds are awarded for a specific “public purpose” and grantees must use those funds as agreed and within certain parameters including 2 CFR 200. A grant agreement is essentially a legally binding contract, and grantees are obligated to use their grant funds as outlined in the agreement, and to act with integrity when reporting their actual use of funds.
- ▶ Unfortunately, fraud, waste, and abuse of these funds can, and do occur. These issues can range from poorly managed programs to the extremes of intentional criminal fraud schemes.



# GUIDELINES HELP PREVENT FRAUD, WASTE, AND ABUSE

- ▶ The consequences of grant fraud can include:
  - debarment from receiving future funding
  - administrative recoveries of funds
  - civil law suits
  - criminal prosecution
  - a combination of all or some of these remedies



# COMMON GRANT FRAUD SCHEMES

Most fraud, waste, and abuse of funds falls into one or more of three general categories:

1. Conflicts of Interest
2. “Lying” or Failing to Properly Support the Use of Funds
3. Theft



# CONFLICTS OF INTEREST

Grantees are required to use federal funds in the best interest of their program. These decisions must be free of undisclosed personal or organizational conflicts of interest, both in appearance and fact.

The typical issues in this area include:

- ▶ Less than Arms–Length Transactions: purchasing goods or services or hiring an individual from a related party; such as a family member or a business associated with an employee of a grantee.
- ▶ Sub–grant award decisions and vendor selections must be accomplished using a fair and transparent process free of undue influence. Most procurements require full and open competition.





# “LYING” OR FAILING TO PROPERLY SUPPORT

Grantees are obligated to properly track the use of funds and maintain adequate supporting documentation.

The typical issues in this area include:

- Unilaterally redirecting the use of funds in a manner different than outlined in the grant agreement.
- Failing to adequately account for, track, or support transactions (i.e. personnel costs, contracts, indirect cost rates, matching funds, program income, or other sources of revenue).
- Grantees must accurately represent their eligibility for funding and cannot provide false/misleading information in their application, subsequent narrative progress, or financial status reports.



# THEFT

- ▶ Theft is the most common issue in almost all organizations—including those that receive federal grant funding.
- ▶ People that embezzle funds can be extremely creative and appear very trustworthy. This is precisely why they can do so much damage to an organization and remain undetected for extended periods of time.
- ▶ Poor or no internal controls lead to virtually inevitable theft. A lack of appropriate separation of duties is one of the most common weaknesses.



# RECENT FRAUD, WASTE, AND ABUSE EXAMPLES

- ▶ Kentucky County Judge/Executive (CJE) sentenced to more than 7 years in prison for a kickback scheme that the court said had hurt public confidence in government.
- ▶ Kentucky county CSEPP financial manager sentenced to 32 months in prison and ordered to pay restitution for misappropriation of CSEPP funds for over 8 years. CJE expresses amazement that so many fraudulent transactions could take place over such a long period. County EMA Director resigns as a result.



# RECENT FRAUD, WASTE, AND ABUSE EXAMPLES

- ▶ Kentucky county Director of Public Safety sentenced to 18 months in prison and ordered to pay restitution for misappropriation of CSEPP funds. Before sentence was imposed, the convicted stated *“I am glad that my mother didn’t live to see what I have done.”*
- ▶ Kentucky county clerk and deputy clerk plead guilty to misuse of public money after an audit found more than \$15,000 missing from the clerk’s office. Both face fines and up to five years in prison.



# RECENT FRAUD, WASTE, AND ABUSE EXAMPLES

- ▶ Kentucky Emergency Management chief resigns after a blistering audit finds wasted taxpayer money, intimidated employees, and a hostile work environment. State auditor says current and former agency employees described an environment that discouraged them from reporting waste, fraud, and abuse.



# WHY DO PEOPLE COMMIT FRAUD?

## Pressure/Temptation

- ▶ A significant financial loss
- ▶ Personal debt or poor credit
- ▶ A gambling or drug habit
- ▶ Unexpected medical expenses

## Rationalization

- ▶ *I was only “borrowing” the money*
- ▶ *I have to pay those hospital bills*
- ▶ *I’ll stop once I pay my debt off*
- ▶ *I have mouths to feed*

## Opportunity

- ▶ Trust of one individual without verification
- ▶ Poor internal controls
- ▶ Poor record keeping
- ▶ Lack of supervision
- ▶ No consequences for prior issues



# HOW DO YOU PREVENT FRAUD, WASTE, AND ABUSE?

## You Remove Opportunity

- Opportunity + Pressure/Temptation = Potential Fraud
- Having proper internal controls will greatly limit the opportunity a person has to commit fraud, or waste and abuse, of taxpayer money.
- The reimbursement guidelines are a VITAL internal control to mitigate the opportunity for fraud, waste, and abuse to happen.

*You may just save someone from ruining their life and the lives of those around them!*




# WebEOC EMPG 2.0





# EMPG TRACKER v2.0

## County Status Summary

					Barren
Area: 03	Budget: \$73,148.56	Allotment: \$0.00	Spent: NaN	Split: NaN	Remaning: NaN
152/153S Submitted	Work Plan Submitted	Contract Not Submitted	 Assessment Submitted	EOP Concurrence Not Submitted	

### Claim Status

Finalized	NaN/0
In Progress	NaN/0
Stopped	NaN/0
Un-documented	0/0

 VIEW PAYMENTS

 VIEW 152/153

 VIEW WORK PLAN

 VIEW BUDGET

 VIEW TRAINING

# 152/153 GUIDANCE

## EMPG 2.0: County 152/153 Guide

1. EMPG Disclaimer: Contains information and expectations of participating in the performance grant.
2. Fiscal Year Summary: Contains the fiscal year summary information.
3. County Status Summary: Contains county spending, claim summary status, and links to: 152/153, Workplan, Budget, and Payments.

### Note

The only required section on the 152/153 is the General Information section. The the rest of the section only need to be completed if you intend to seek reimbursement.

### Filling out the 152/153:

1. To start your 152/153, click the  button.

Allen 03 - 152/153 Summary Instructions/FAQ Return Print

[+ General Information](#) [+ Office Space](#) [+ Office Communications](#) [+ Employee](#) [+ Vehicles](#) [+ Cell Phones](#) [+ Contractual](#) [+ Equipment](#)

County Budget: NaN EMPG Allocation: \$0.00 Spent: NaN Spill: NaN Remaining: NaN Submit 152/153 for Approval

**Office Space**

Location	Utilities	Office Costs
----------	-----------	--------------

**Cell Phone Information**

Position	Name	Provider	Number	Issued/Reimbursed/Amount
----------	------	----------	--------	--------------------------

**Office Communications**

Type	Provider	Number
------	----------	--------

**Vehicles**

Designation	Model	Make	Tag	VIN
-------------	-------	------	-----	-----

152/153 Recent Activity

Last Update	152/153 Activity	Activity By	Contact Number
-------------	------------------	-------------	----------------

# EMPG 2.0: County 152/153 Guide

## Screenshots of 152/153:

152/153 General Information

Save

Cancel

Agency Name (EMA)

Physical Street Address

Per Diem

City

State

Mileage

ZIP Code

Phone #

Fax #

Timesheet Adoption Letter (if applicable)

No file chosen

Advanced Pay (if applicable)

No file chosen

Waiver (if applicable)

No file chosen

Authorized Signatures

example Jane Austin - Form 160, Timesheets, and 1801

Contact your claims specialist to ensure that you have uploaded your administrative code, payroll policy/procedure and travel & procurement policy to Sharepoint.

# EMPG 2.0: County 152/153 Guide

## 152/153 Office Space Information

Save Cancel

Location

Office

Physical Street Address

Water Company Name

Electric Company Name

100% EMA  Cost Allocated

Gas Company Name

Office Phones

100% EMA  Cost Allocated

Phone Company Name

Internet

100% EMA  Cost Allocated

Internet Provider Name

List Office Phone Number(s)

Copier

100% EMA  Cost Allocated

Copier Provider Name

List ID/Serial(s) # (if claiming)

## 152/153 Office Communications

Save Cancel

Purpose

Select

Provider

List number if applicable.

# EMPG 2.0: County 152/153 Guide

152/153 Employee Input

Save Cancel

Employees must be approved by KYEM before the county can be reimbursed. Adding an employee here is the first step in the approval process.

Position Title

First Name

Annual Gross Salary

Pay or Salary Rate (EMPG)

Last Name

Full/Part Time

This figure is for all jobs paid by county.

Do you plan to claim any of the following?

- Social Security
- Medicare
- Retirement
- Unemployment
- Health Insurance
- Life Insurance
- Dental Insurance
- Vision Insurance

Pay Type

Pay Frequency

Please choose one of the following:

- Adopted State Time and Attendance Report?
- County has its own Time Sheet?

Multiple Pay Checks

Do you receive the following?

Is payroll advanced?

- Yes
- No

Weekly Cost Allocation Hourly Split (Hours will be auto-calculated when the document is saved)

EMPG Hours

CSEPP Hours

Other Hours (County)

List Other County Jobs

Outside of EMPG/CSEPP, combine other job hours.

If jobs have different pay rates please list each job as follows:  
Police Chief (1,500 bi-weekly)

Supervisor Name



# WORK PLAN GUIDANCE

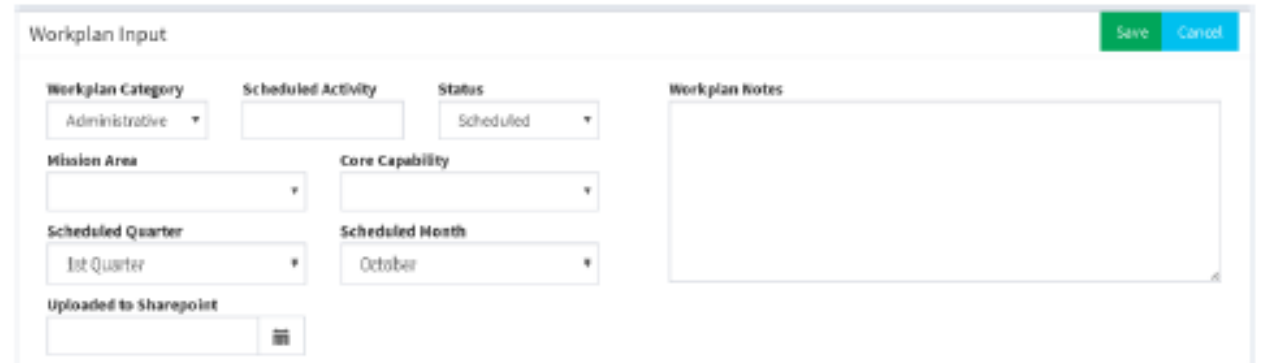
## EMPG 2.0: County Work Plan Guide

### County EMPG Dashboard

1. EMPG Disclaimer: Contains information and expectations of participating in the performance grant.
2. Fiscal Year Summary: Contains the fiscal year summary information.
3. County Status Summary: Contains county spending, claim summary status, and links to: 152/153, Work Plan, Budget, and Payments.

### Starting the County Work Plan:


1. To start your *Work Plan*, click the  button.
2. Click the  button and fill out the subsequent form.



The screenshot shows a 'Workplan Input' form with the following fields:

- Workplan Category:** Administrative (dropdown)
- Scheduled Activity:** (text input)
- Status:** Scheduled (dropdown)
- Mission Area:** (dropdown)
- Core Capability:** (dropdown)
- Scheduled Quarter:** 1st Quarter (dropdown)
- Scheduled Month:** October (dropdown)
- Uploaded to Sharepoint:** (checkbox)
- Workplan Notes:** (text area)

Buttons for 'Save' and 'Cancel' are located in the top right corner of the form.

3. Be sure to select a **Mission Area** and **Core Capability** that best fits the **Scheduled Activity**.
4. After saving just can click  again and repeat **Steps: 2-3** until you have completed the Work Plan.



# BUDGET GUIDANCE

## EMPG 2.0: County Budget Guide


### County EMPG Dashboard

1. EMPG Disclaimer: Contains information and expectations of participating in the performance grant.
2. Fiscal Year Summary: Contains the fiscal year summary information.
3. County Status Summary: Contains county spending, claim summary status, and links to: 152/153, Work Plan, Budget, and Payments.

### Starting the County Budget:

1. To start your *Budget*, click the  button.
2. Click the  button and fill out the subsequent form.

#### Personnel:



Budget Input Save Cancel


Budget Category Personnel	Position Title Director	Budget Amount 0.00	FICA 0.00
Retirement 0.00	Health Ins. 0.00	Life Ins. 0.00	Short Description

#### Other:



Budget Input Save Cancel

Budget Category Travel	Budget Amount 0.00	Short Description
---------------------------	-----------------------	-------------------

3. Be sure to be as detailed as possible with the personnel of the budget if you plan to claim FICA, Retirement, Health Ins., Life Ins..
4. After saving just can click  again and repeat **Steps: 2-3** until you have completed the Budget.

# TRAINING GUIDANCE

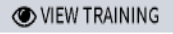

## Quick Reference Guide

### EMPG 2.0: County Training Guide

#### County EMPG Dashboard

1. EMPG Disclaimer: Contains information and expectations of participating in the performance grant.
2. Fiscal Year Summary: Contains the fiscal year summary information.
3. County Status Summary: Contains county spending, claim summary status, and links to: 152/153, Work Plan, Budget, and Payments.

#### Adding Training:

1. To start your **Work Plan**, click the  button.
2. Click the  button and fill out the subsequent form.



Perry 08 - Employee Training Summary Return Print

County Budget: \$30,000.00	EMPG Allotment: \$0.00	Spent: NaN	Split: NaN	Remaining: NaN
----------------------------	------------------------	------------	------------	----------------

**Employee Training**

Stacy, Jerry Director (32 Hrs.) + Add Training

---

Training Form Save Cancel

Course Name	Date Completed	Training Hours
<input type="text"/>	<input type="text"/>	0.00

3. After saving the individual training you can add more under that employee by repeating **Steps: 2-3**.

#### Helpful Hint:

*If you do not see employee(s) on the Employee Training Summary, you have not completed the 152/153 Employee Section.*

*For each employee, there is an add training button.*



# EMPG QUARTERLY REPORT

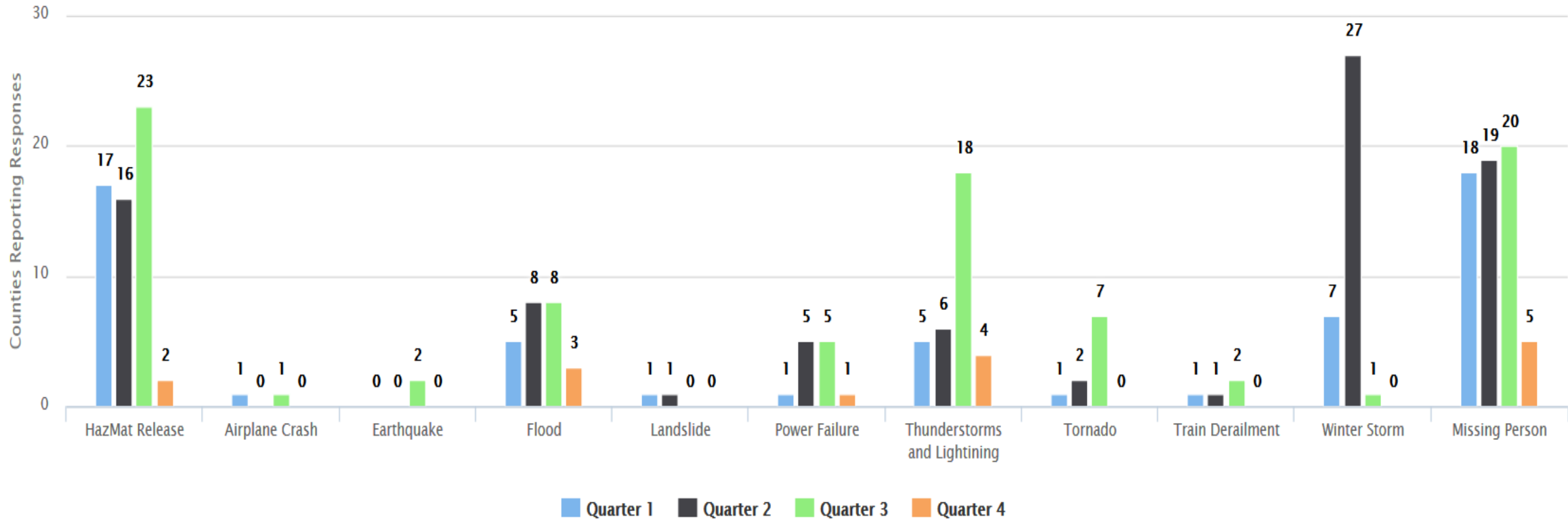
Total Spent: \$3,668,974.70

Federal Split: \$1,834,487.59

Statewide Allotment: \$2,435,930.99

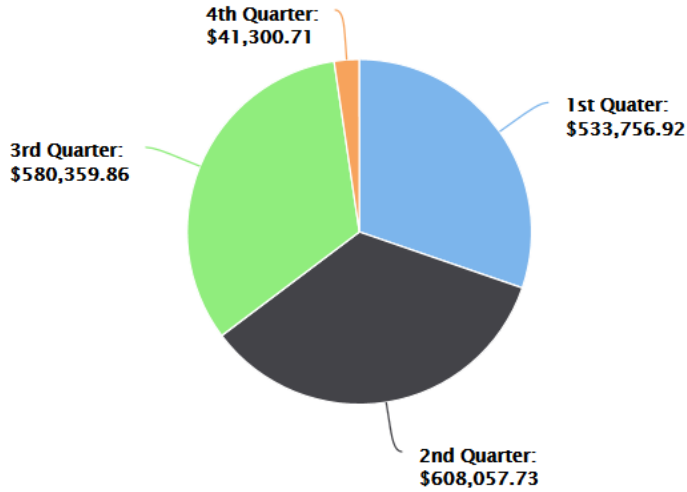
Remaining Funds: \$601,443.40

## Response Activity

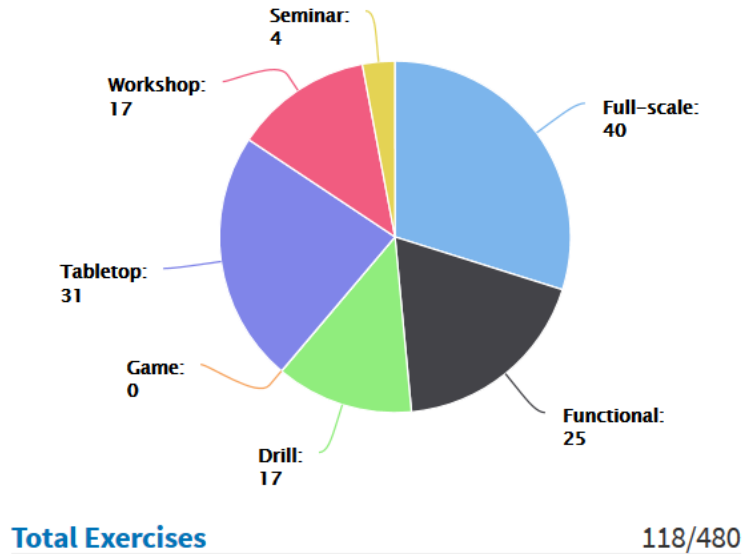


# EMPG QUARTERLY REPORT

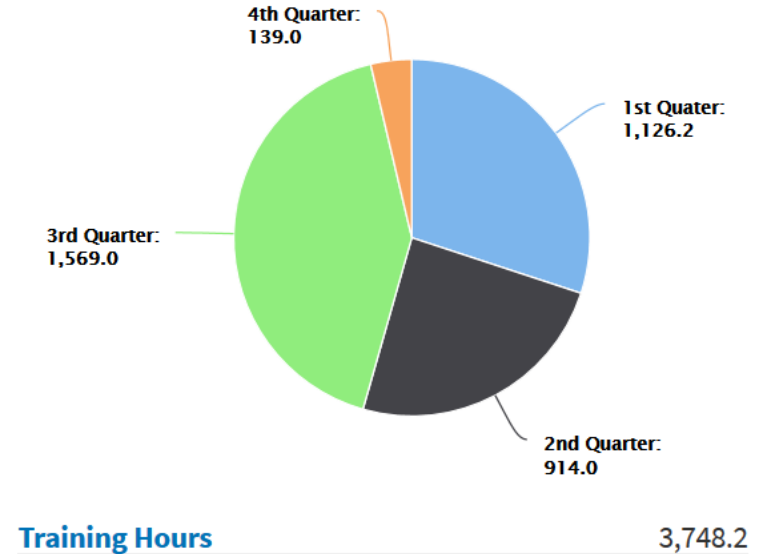
Statewide Spending Report



County Exercise Report



County Training Hours



## County Quarterly Report

Total Spent: \$8,668.07

Federal Split: \$4,334.04

**Allotment: \$6,645.07**

Remaining Funds: \$2,311.03

[Quarterly Reports](#)

[Add Quarterly Report](#)

**Finalized Quarterly Spending:**

1. \$1,465.40
2. \$1,596.59
3. \$1,272.05
4. \$0.00

# QUESTIONS????



# CONTACT

- ▶ If you have questions contact the appropriate program manager
- ▶ For EMA reimbursements contact your EMA claim specialist

Jessica Gordon	AREA 1 & AREA 4	(502)607-1771
LeeAnn Gibson	AREA 3 & AREA 6	(502)607-3561
Angie Dabrowski	AREA 2 & AREA 10	(502)607-1049
Sherry Jenkins	AREA 7 & AREA 8	(502)607-5588
Ginger Starrett	AREA 5 & AREA 9	(502)607-1183

