

FY 2025

Subrecipient Invoice Request Training



Meet Your EDP Grants Team

Tanisha Drummond

Grants Coordinator

tanishadrummond@franklincountyohio.gov

(614) 525-5562

Julia Jones

Community Development Official

juliajones@franklincountyohio.gov

(614) 525-4874

Ruchelle Pride

Interim Director

ruchellepride@franklincountyohio.gov

(614) 525-2197

David Morris

Business Service Officer-Finance

djmorris@franklincountyohio.gov

(614) 525-7268

Walter Dillard

Assistant Director

walterdillard@franklincountyohio.gov

(614) 525-5629

Agenda

- I. UEI, Accounting System & ACH Payment Options
- II. Financial Requirements
 - I. No-Invoice Request
 - II. Invoice Request
 - III. Submission Checklist
- III. Supporting Documentation
- IV. Other Templates
- V. Monitoring Instructions
- VI. Questions

Prerequisites: UEI & Accounting System

- To receive federal funds, agencies must have a **Unique Entity Identifier (UEI)** versus a DUNS number
 - Register your agency at SAM.gov to receive your UEI
- Subrecipients must establish and maintain a separate & adequate **system of accounting** and internal controls
 - Must separate expenses and revenue from all other expenses and revenue
 - Project codes are an effective way to separate accounts
- Subrecipients must accurately account for federal and state funds, including match

Prerequisites: Accounting System

Our office strongly recommends the use of an accounting system that allows our grant recipients to separate grant-specific expenses and revenue from other organization expenses and revenue.

These systems allow you to assign identifiers to separate your accounts and run financial reports (i.e. General Ledgers) that will be necessary to complete your financial reporting

ACH Vendor Process

To expedite your grant reimbursement, Subrecipients may choose to become an ACH Vendor. ACH vendors will receive their monthly reimbursements via an ACH bank transfer instead of a paper check.

- Complete the Electronic Payment Form
- An original voided check from your bank (no counter checks) OR
- An original signed bank letter on bank letterhead verifying the following
 - Name of Account Holder(s)
 - Routing Number
 - Account Number

All documents must be signed originals
All copies will be rejected by the Auditor's Office

Electronic Payment Form



ACCOUNTS PAYABLE
AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENT
PLEASE TYPE OR PRINT LEGIBLY

Vendor Name _____
DBA,%, ATTN _____
Remit Address _____

City, State Zip + 4 _____
Fiscal Contact _____
Phone Number _____
Email (REQUIRED)* _____

*EFT remittance notices are emailed once payment has been processed.

****An ORIGINAL voided check or SIGNED ORIGINAL bank document must accompany this completed agreement verifying the bank name, account holder name, routing number, and account number. Deficient or incomplete submissions will not be accepted.****

Financial Institution: _____
Routing Number: _____
Account Number: _____

I hereby authorize Franklin County, hereinafter called the County, to deposit amounts due me into my financial institution to the credit of my account as indicated above. In the event of erroneous deposit(s), I authorize the County to make corrections with my financial institution by debiting or crediting my account. If the financial institution is unable to make the correction, the amount in question will be immediately remedied by means of a check made payable to the Franklin County Treasurer. This authority is to remain in full force and effect until the County has received written notification from me of its termination in such time and in such manner as to afford the County a reasonable time to act on it. It is my responsibility to notify the County in writing whenever there is any change in the account information, including any change in the routing or account numbers.

Printed Name: _____
Signature: _____ Date: _____

FOR ORIGINATION AGENCY USE ONLY	
VENDOR #:	NAME OF COUNTY EMPLOYEE SUBMITTING FORM
AGENCY NAME:	SIGNATURE
BY SIGNING ABOVE YOU CONFIRM YOU HAVE VERIFIED THE FORM WAS SUBMITTED BY THE VENDOR OR A VENDOR AUTHORIZED INDIVIDUAL	

***Original, signed copy of the electronic
payment form & voided check needs mailed
or dropped off to our office at:***

Economic Development & Planning
150 South Front Street
Suite 10
Columbus, OH 43215

Sample Bank Letter

We cannot accept any form that is for Direct Deposit. A bank letter must be used in lieu of a voided check.

BANK LETTERHEAD

Date:

To Whom It May Concern:

Please accept this letter to provide the following account information for our customers account(s) in lieu of a voided check or deposit ticket.

ACH VENDOR BANKING INFORMATION

Financial Institution Name:

Primary Accountholder's Name:

Joint Accountholder's Name (if applicable):

Routing Number:

Checking Account Number:

If you have any questions, please contact me at (Insert Phone number).

Sincerely,
 Signature
 Printed name
 Title

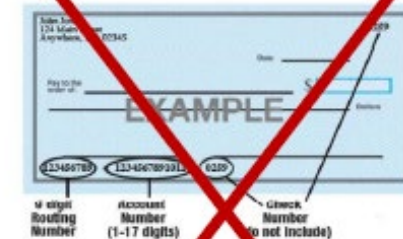
DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name _____

Address _____

City, State, Zip _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: ☐ \$ _____ ☐ _____ % ☐ Entire Paycheck

Type of Account: ☐ Checking ☐ Savings (Check one)

Attach a voided check for each bank account to which funds should be deposited (if necessary).

_____, (Company/Name) is hereby authorized to directly deposit any pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____

Date: _____

Financial Requirements



Monthly Invoice Templates

- Monthly Invoice Templates are a financial summary of grant activities over the past 30 days
- All subrecipients are required to submit monthly financial reports by the last day of the following month of each succeeding month to receive payments
- These reports must show actual subrecipient receipts and expenditures
- Payment will be distributed monthly on a reimbursement basis
- EDP has provided subrecipients with a monthly template, checklist and instructions for completion

Invoice Submission Deadlines

Subrecipients are required to submit an electronic copy of the Invoice Template with backup documentation to FCEDPsubrecipient@franklincountyohio.gov by the following deadlines:

<u>Reporting Period</u>	<u>Due Date</u>	<u>Reporting Period</u>	<u>Due Date</u>
01/01 – 01/31	02/28	07/01 – 07/31	08/31
02/01 – 02/28	03/31	08/01 – 08/31	09/30
03/01 – 03/31	04/30	09/01 – 09/30	10/31
04/01 – 04/30	05/31	10/01 – 10/31	11/30
05/01 – 05/31	06/30	11/01 – 11/30	12/31
06/01 – 06/30	07/31	12/01 – 12/31	01/31

A report must be submitted every month, even when there have been zero expenditures.

Expenditure Guidelines

- **EDP grants are paid on a reimbursement basis.** Only include actual paid expenses for the reporting period
- Must align with approved budget in contract
- All expenses submitted for reimbursement must be incurred during project period and paid during the reporting period
- Expenses must equal requested reimbursement
- Include and maintain backup to support expenses
- Funds may not be spent in a category not included in approved budget

Guidance & Instructions

- EDP has provided subrecipients with Checklist & Invoice Templates files containing instructions on how to use the invoice template documents.
- **Do you have allowable expenses to submit for reimbursement?**
 - **No = No Invoice Template**
 - **Yes = Invoice Template & Submission Checklist**
- Reference Guide provides description to all required fields on the Invoice Templates.
 - Items 1 – 4 of the reference guide are required prior to payment approval.

FRANKLIN COUNTY - ECONOMIC DEVELOPMENT & PLANNING
REFERENCE GUIDE TO COMPLETING INVOICE/NO INVOICE TEMPLATES & SUBMISSION CHECKLIST
<p>The following items must be included on your invoice template. Items 1-4 are REQUIRED for all subrecipients prior to payment approval. If Items 5-7 are applicable and not provided, payment will not be approved until provided by subrecipient.</p>
<p>1. Resolution Number: Identify EDP resolution number. If there is an amendment, please provide the amendment resolution number.</p>
<p>2. Contract Period: Identify the period for which services were rendered or goods were received.</p>
<p>3. Invoice Required Fields: Name: Provider Name Address: Provide physical address & remittance address (if different) Invoice Number Invoice Date Service Date Range: Time frame of when services were provided or items were purchased PO Number: Assigned by EDP when resolution was approved Invoice Total: Should match Expense Item Details in Total Expense Item Detail: List of services provided by staff and/or items purchased</p>
<p>4. Required Supporting Documentation: Provide documents for each Expense Item Detail and identify total transactions that equal Expense Item Detail on Invoice, as described below:</p> <p>Payroll Support: Identify each employee for which reimbursement is being requested, period/days worked, number of hours and hourly rates for each employee from payroll system.</p> <p>Non-payroll Support: For all items purchased, provide packing slip and invoice with cost breakdown and shipping date.</p> <p>Proof of Payment (required for both payroll and non-payroll support): Provide a copy of the payroll register, check to vendor, credit card statement, and corresponding proof of payment (cleared check or bank statement showing EFT payment) for all payroll & non-payroll support items listed above.</p>

No Invoice Template

1. All cream-colored cells should be completed
2. Date submitted should be the same date as signature dates
3. Begin & End Dates should reflect the month you are reporting on
4. Amount Previously Invoiced should equal "Total YTD Expenditures" from last Invoice Template Submission
5. Modify the certification message to include correct **subrecipient name**
6. Two signatures and dates at the bottom
7. Email the signed PDF document to:
FCEDPsubrecipient@franklincountyohio.gov

All shaded cells should be filled out				
Subrecipient Name & Address:				
Subrecipient Phone:				
Subrecipient Point of Contact:				
DATES OF SERVICE				
Date Submitted	Begin Date	-	End Date	
CONTRACT INFORMATION				
Project Name:	Beginning Contract Balance			
Funding Source:	amount			
Resolution Number:	Amount Previously Invoiced			
Resolution Number-Amendment:	amount			
PO Number:	Current Invoice Amount			
Contract Period of Performance:	-			
Period of Performance Extension:				
Restrictions listed within contract:	Remaining Balance		#VALUE!	
<p>During the Dates of Service listed above, I confirm that (insert subrecipient name here) did not have allowable expensed related to the contract mentioned above. Insert subrecipient name here, will not be eligible for reimbursements for this period of time in future months. This invoice request fulfills Franklin County's requirement for monthly invoice submission.</p> <p>By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.</p>				
Prepared By			Date	
Approved By			Date	

Invoice Template

1. All cream-colored cells should be completed
2. Date submitted should be the same date as signature dates
3. Begin & End Dates should reflect the month you are reporting on
4. Prior Expenditures amounts should match prior month's invoice template for Total YTD amount

All shaded cells should be filled out					
Subrecipient Name & Address:					
Subrecipient Phone:					
Subrecipient Point of Contact:					
DATES OF SERVICE					
Date Submitted		Begin Date	-	End Date	
CONTRACT INFORMATION				EDP USE ONLY	
Project Name:				Vendor #:	
Funding Source:				PO #:	
Resolution Number:				Org/Object #:	
Resolution Number-Amendment:				Contract #:	
PO Number:				IDIS #:	
Contract Period of Performance:				Program Approval:	
Period of Performance Extension:				Payment Approval:	
Restrictions listed within contract:				Fiscal Processing:	
SUMMARY OF REIMBURSEMENT REQUESTED					
<u>BUDGET LINE ITEM</u>	<u>APPROVED BUDGET</u>	<u>PRIOR EXPENDITURES</u>	<u>CURRENT EXPENDITURES</u>	<u>TOTAL YTD EXPENDITURES</u>	<u>TOTAL UNPAID OBLIGATIONS</u>
Salaries:				-	-
Fringes:				-	-
Office Space:				-	-
Utilities:				-	-
Communications:				-	-
Printing:				-	-
Supplies/Materials:				-	-
Mileage:				-	-
Audit:				-	-
Other (Specify):				-	-
				-	-
				-	-
				-	-
TOTAL	-	-	-	-	-

Invoice Template Cont

5. Modify the certification message to include correct **subrecipient name**
6. Two signatures and dates at the bottom

<p>I attest to the accuracy of the information above. Insert subrecipient name here, has requested reimbursement for all expenses within the Dates of Service mentioned above and will not be eligible for reimbursements for this period of time in future months. All supporting documentation and proof of payment for services listed within this invoice has been provided including pass through subrecipient services, if applicable. This invoice request fulfills Franklin County's requirement for monthly invoice submission.</p> <p>By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.</p>						
Prepared By						Date
Approved By						Date

Invoice Template Cont

7. Compare the Total YTD Expenditures from the previous month Invoice Request to the Prior Expenditures column for the current month. Do the amounts agree?

Subrecipient Name & Address:		Agency A 321 Example St Columbus, OH 43228		Month 1	
Subrecipient Phone:		614-322-1800			
Subrecipient Point of Contact:		Jane Doe			
DATES OF SERVICE					
2/5/2025		1/1/25		1/31/25	
CONTRACT INFORMATION			EDP USE ONLY		
Project Name: <u>Project Name</u>			Vendor #:		
Funding Source: <u>Funding Source</u>			PO #:		
Resolution Number: <u>Res. No.</u>			Org/Object #:		
Resolution Number-Amendment: <u>Amend. No.</u>			Contract #:		
PO Number: <u>PO No.</u>			IDIS #:		
Contract Period of Performance: <u>Contract Period</u>			Program Approval:		
Period of Performance Extension: <u>Performance Period</u>			Payment Approval:		
Restrictions listed within contract: <u>Restrictions</u>			Fiscal Processing:		
SUMMARY OF REIMBURSEMENT REQUESTED					
BUDGET LINE ITEM	APPROVED BUDGET	PRIOR EXPENDITURES	CURRENT EXPENDITURES	TOTAL YTD EXPENDITURES	TOTAL UNPAID OBLIGATIONS
Salaries:	100,000.00	16,459.52	1,265.78	17,725.30	82,276.70
Fringes:	25,000.00	4,263.59	358.24	4,621.85	20,378.15
Office Space:	10,000.00	1,700.00	850.00	2,550.00	7,450.00
Utilities:	5,000.00	880.00	170.00	1,050.00	3,950.00
Communications:	10,000.00	1,256.34	436.57	1,692.91	8,307.09
Printing:	2,250.00	570.00	230.00	800.00	1,450.00
Supplies/Materials:	4,500.00	985.00	65.00	1,050.00	3,450.00
Mileage:	6,000.00	745.50	56.00	801.50	5,198.50
Audit:	5,000.00	250.00	-	250.00	4,750.00
Other (Specify):					
TOTAL	167,750.00	27,109.95	3,429.61	30,539.56	137,210.44

Subrecipient Name & Address:		Agency A 321 Example St Columbus, OH 43228		Month 2	
Subrecipient Phone:		614-322-1800			
Subrecipient Point of Contact:		Jane Doe			
DATES OF SERVICE					
3/7/2025		2/1/25		2/28/25	
CONTRACT INFORMATION			EDP USE ONLY		
Project Name: <u>Project Name</u>			Vendor #:		
Funding Source: <u>Funding Source</u>			PO #:		
Resolution Number: <u>Res. No.</u>			Org/Object #:		
Resolution Number-Amendment: <u>Amend. No.</u>			Contract #:		
PO Number: <u>PO No.</u>			IDIS #:		
Contract Period of Performance: <u>Contract Period</u>			Program Approval:		
Period of Performance Extension: <u>Performance Period</u>			Payment Approval:		
Restrictions listed within contract: <u>Restrictions</u>			Fiscal Processing:		
SUMMARY OF REIMBURSEMENT REQUESTED					
BUDGET LINE ITEM	APPROVED BUDGET	PRIOR EXPENDITURES	CURRENT EXPENDITURES	TOTAL YTD EXPENDITURES	TOTAL UNPAID OBLIGATIONS
Salaries:	100,000.00	17,725.30	1,439.65	19,162.95	80,837.05
Fringes:	25,000.00	4,621.85	421.58	5,043.43	19,956.57
Office Space:	10,000.00	2,550.00	850.00	3,400.00	6,600.00
Utilities:	5,000.00	1,050.00	350.00	1,400.00	3,600.00
Communications:	10,000.00	1,692.91	652.85	2,345.36	7,654.64
Printing:	2,250.00	800.00	320.00	1,120.00	1,130.00
Supplies/Materials:	4,500.00	1,050.00	72.00	1,122.00	3,378.00
Mileage:	6,000.00	801.50	67.20	868.70	5,131.30
Audit:	5,000.00	250.00	150.00	400.00	4,600.00
Other (Specify):					
TOTAL	167,750.00	30,539.56	4,323.08	34,862.64	132,887.36

Invoice Template Cont

8. Compare the Approved Budget in the Invoice Request to the approved budget in the contract or last approved budget amendment. Do they agree?

Subrecipient Name & Address:		Agency A 321 Example St Columbus, OH 43228			
Subrecipient Phone:		614-822-1800			
Subrecipient Point of Contact:		Jane Doe			

DATES OF SERVICE				
3/7/2025		2/1/25	-	2/28/25

CONTRACT INFORMATION		EDP USE ONLY	
Project Name:	Project Name	Vendor #:	
Funding Source:	Funding Source	PO #:	
		Org/Object #:	
Resolution Number:	Res. No.	Contract #:	
Resolution Number-Amendment:	Amend. No.	IDIS #:	
PO Number:	PO No.		
Contract Period of Performance:	Contract Period	Program Approval:	
Period of Performance Extension:	Performance Period	Payment Approval:	
Restrictions listed within contract:	Restrictions	Fiscal Processing:	

SUMMARY OF REIMBURSEMENT REQUESTED					
BUDGET LINE ITEM	APPROVED BUDGET	PRIOR EXPENDITURES	CURRENT EXPENDITURES	TOTAL YTD EXPENDITURES	TOTAL UNPAID OBLIGATIONS
Salaries:	100,000.00	17,723.30	1,459.65	19,162.95	80,837.05
Fringes:	25,000.00	4,621.85	421.58	5,043.43	19,956.57
Office Space:	10,000.00	2,550.00	850.00	3,400.00	6,600.00
Utilities:	5,000.00	1,050.00	350.00	1,400.00	3,600.00
Communications:	10,000.00	1,892.91	652.85	2,545.36	7,854.64
Printing:	2,250.00	800.00	320.00	1,120.00	1,130.00
Supplies/Materials:	4,500.00	1,050.00	72.00	1,122.00	3,378.00
Mileage:	6,000.00	801.50	67.20	868.70	5,131.30
Audit:	5,000.00	250.00	150.00	400.00	4,600.00
Other (Specify):				-	-
				-	-
				-	-
				-	-
TOTAL	167,750.00	30,539.56	4,323.08	34,862.64	132,887.36

Submission Checklist

1. Final checklist to ensure all Invoice Template items have been completed & all supporting documentation has been provided.
2. Required to be submitted with Invoice Template
 - EDP will reject your invoice submission if this checklist is not provided.
3. Signature and date at the bottom
4. Email the signed Invoice Template, Checklist & all supporting documentation to:
FCEDPsubrecipient@franklincountyohio.gov

SUBRECIPIENT SUBMISSION CHECKLIST		
Respond to Items 1-5 below, initial and provide contact information at the bottom of the checklist		
Task to Complete	Yes/No	Initials
1. Completed & signed "Invoice Template" worksheet		
a. All cream colored cells are complete		
b. Signed and dated by two staff members		
2. Invoice support for all payroll and/or non-payroll expenses		
a. All invoice supporting documents match invoice detail amounts provided on "Invoice Template" worksheet.		
b. If invoice supporting document is more than amount listed on "Invoice Template" worksheet, is an explanation provided?		
3. Proof of payment for all payroll and/or non-payroll payments		
a. All proof of payments match invoice supporting documentation provided above.		
4. Does your contract have restrictions (ie: limited to for specific areas, certain demographic populations, annual limits, etc)		
a. If yes, have you provided evidence that expenses fall within restriction parameters?		
5. Does your invoice request include payments made to other agencies as pass through payments?		
a. If yes, have you provided Invoice support for all payroll and/or non-payroll expenses?		
b. If yes, have you provided all proof of payments to match invoice supporting documentation provided above?		
Prepared By (print name & title)		Date
Email Address		Phone

Invoice Review Process

- Upon receipt, EDP staff will review and reach out with questions. Please note, our review begins with the most recent approved budget.
- Pending there are no issues with the submitted Invoice Request and all backup documentation is included, payment for Invoice Requests will be processed within 30 days from the date the Invoice Request was received.
- Incorrect or incomplete Invoice Requests will be returned for modifications. This may result in a delay in payment.

Invoice Review Process Cont.

What does EDP look for?

- Correctness of funding period & project periods
- Consistency with reimbursement and current expenditures
- Correctness of the sum of your current and previous YTD expenditures
- Compliance between current expenditures, submitted backup documentation, and expenses in the most recently approved budget
 - Only approved budget expenses may be approved for payment
- Reimbursement amount aligns with the level of programmatic activity reported during the same reporting period (i.e. if programmatic activity is zero, but you are requesting \$10K in reimbursements)

Supporting Documentation



Key Questions

1. Is the Submission Checklist supported by required supporting documentation?
 - ✓ Invoices
 - ✓ Payroll records
 - ✓ Proof of payment
2. Does your documentation support the total Invoice Request and detailed amounts by budget line item?
3. If restrictions are listed in your contract, have you provided support showing the expenses fall within the contract parameters?

SUBRECIPIENT SUBMISSION CHECKLIST		
Respond to Items 1-5 below, initial and provide contact information at the bottom of the checklist		
Task to Complete	Yes/No	Initials
1. Completed & signed "Invoice Template" worksheet		
a. All cream colored cells are complete		
b. Signed and dated by two staff members		
2. Invoice support for all payroll and/or non-payroll expenses		
a. All invoice supporting documents match invoice detail amounts provided on "Invoice Template" worksheet.		
b. If invoice supporting document is more than amount listed on "Invoice Template" worksheet, is an explanation provided?		
3. Proof of payment for all payroll and/or non-payroll payments		
a. All proof of payments match invoice supporting documentation provided above.		
4. Does your contract have restrictions (ie: limited to for specific areas, certain demographic populations, annual limits, etc)		
a. If yes, have you provided evidence that expenses fall within restriction parameters?		
5. Does your invoice request include payments made to other agencies as pass through payments?		
a. If yes, have you provided Invoice support for all payroll and/or non-payroll expenses?		
b. If yes, have you provided all proof of payments to match invoice supporting documentation provided above?		
Prepared By (print name & title)		Date
Email Address		Phone

Invoice Supporting Documentation

Examples of Supporting Documentation

Budget Category	Required Backup Documentation
Personnel (Salaries/Fringe Benefits)	Payroll summary, timesheets, activity logs, paycheck stubs
Consultants/Contractors/Pass through Subrecipients	Invoices, Mileage log & Contractor hours log
Travel (Personnel or Consultant/Contracts)	Mileage logs (including date of travel, starting address, ending address, and trip total), Travel receipts (hotel, fuel, conference fees)
General Operating Expenses	Rent/utility bills, phone bills, insurance statements, invoices, card receipts, maintenance and repair statements

Note: Backup documentation is required for all expenses you request reimbursement for. Please reach out to EDP for any questions/concerns on allowable documentation.

General Operating Expenses

Sub Category	Required Backup Documentation
Office Supplies & Laptops	Invoice and/or receipt
Cell phones/Wi-Fi devices	Invoice for service and/or receipt for device purchase
Insurance	Invoice
Rent	Rent Receipt, rent ledger or copy of lease agreement. * Lease agreement only needs submitted 1 time
Utilities	Invoice
Staff Training	Invoice and/or receipt
Workbooks	Invoice and/or receipt

We may require additional documentation if no invoice is provided, and the receipt does not provide enough information.

Invoice Supporting Documentation

Personnel/Payroll Support

- Personnel/Payroll related expenses require:
 - Employee timesheet showing:
 - Employee Name
 - Pay period date range
 - Total hours worked/paid
 - Hours worked on grant related programs, not exceeding 100%
 - Payroll Register for each employee where reimbursement is requested
 - Payroll Register total page
 - Proof of payment that total payroll was paid – either bank statement (ACH) or cleared employee checks (front & back of check image)
 - Payroll Expense Example – PDF Document provided
 - Grant Timesheet & Mileage Log Sample Template

Invoice Supporting Documentation

General/Non-Payroll Support

- General/Non-Payroll related expenses require:
 - Invoice that clearly defines the service dates
 - Invoice that details services provided
 - Credit card statement is not sufficient invoice support by itself
 - Must also include contract, purchase receipt or invoice related to credit card related grant expenses
 - Proof of payment showing invoice was paid – either bank statement (ACH payment) or copy of cleared checks (front & back of check image)
 - Non-Payroll Expense Example – PDF Document provided
 - Mileage Log & Contractor Log Sample Template

Invoice Supporting Documentation

Additional Support

- If you are allocating a portion of employer paid benefits, you must provide total benefit costs and allocation explanation. *
- If you are allocating a portion of utility payments or rent based on square footage, an explanation of how that allocation is determined must be provided with your supporting documentation.*
 - **Allocations should be consistent with policies and procedures provided at the beginning of the contract.*
- If available from your financial software, provide a detailed general ledger report outlining total grant expenses equal to Invoice Request.
- If your contract has restrictions, ensure all restrictions are noted on your invoice template and provide explanation or supporting documentation of how restrictions are monitored.

Other Templates



Personnel/Payroll Expenses

Timesheet Log

Employee Name & Title:				
Pay Period Date Range:				
Grant Timesheet Log				
Date of Service	Time In	Time Out	Description of Activity	Total Hours
			TOTAL	0.00
Employee Signature & Date:				
Supervisor Signature & Date:				

- Timesheets are required to be submitted with your Invoice Request if you incurred personnel expenses.
- The Timesheet should match the pay periods in which you are requesting reimbursement.
- Employees working on grants should log all hours on their Timesheet, so their grant-specific hours can be clearly tracked back to the Invoice Request.

- A mileage log must be kept for all mileage expenses. This log is required and should include date of travel, starting address, ending address, and trip total.
- Employees mileage reimbursement should be able to be verified via their personnel backup documentation (payroll summary, time sheets, etc.). Mileage paid to consultants should be included on their consultant invoice
- Mileage rate must be the rate approved in your budget. If not outlined in budget use the IRS approved rate. (make sure you are using the correct rate in effect for the service period)
- If you have approved rideshare and/or taxi services in your budget, you must keep a receipt of all trips that include the starting address, ending address and total trip cost.
- Receipts must be kept for all travel expenses including hotel, fuel, conference fees. All travel related expenses must be considered reasonable.

33

Budget Amendment

If you need to amend your budget, please reach out to your Community Development point of contact to discuss the budget amendment process.

This template has been provided but should not be submitted until requested by EDP.

All shaded cells should be filled out			
BUDGET AMENDMENT REQUEST			
Date of Request:			
Subrecipient Name & Address:			
Subrecipient Phone:			
Subrecipient Point of Contact:			
Request Submitted To:			
	Franklin County Economic Development & Planning		
	150 S. Front St. Suite 10		
	Columbus, Ohio 43215		
	E-mail Address: FCEDPsubrecipient@franklincountyohio.gov		
Project Name:			
Funding Source:			
Contract Period of Performance:			
Please consider the following budget amendments for the above mentioned Project:			
BUDGET LINE ITEM	APPROVED BUDGET	AMENDMENT REQUESTED	REVISED BUDGET
Salaries:			
Fringes:			
Office Space:			
Utilities:			
Communications:			
Printing:			
Supplies/Materials:			
Mileage:			
Audit:			
Other (Specify):			
TOTAL	-	-	-
The following narrative corresponds to the above revision request by category:			
Authorized Signature Required		Date	

Indirect Costs

- Indirect costs are the hidden costs that support a project. They include general expenses for the organization's administration that are incurred for common or joint objectives, and not readily identifiable to a specific project or cost objective. Typically, indirect costs are the expenses of doing business and include costs such as administrative salaries and wages; accounting and auditing services; rent, leases, and mortgages; basic office supplies and equipment; building maintenance and utilities.
- Expenses must be treated consistently - if rent and utilities are charged to another line item, they cannot be charged to indirect as well.
- We do not require backup documentation for indirect costs with your Invoice Request submissions.
- Backup documentation must be maintained for all expenses that are charged to indirect costs. Backup may be reviewed during your site visit.

Common Invoice Request Errors

- Not receiving appropriate support for grant expenditures
- Requested reimbursement amounts do not match incurred expenses.
- Expenditures submitted for reimbursement do not match approved budget.

How to Avoid Common Errors

- Only report actual expenses paid during reporting period
- Expenses must fall within grant period
- Ensure reimbursement request amount equals total expenditures
- Report correct YTD figures
- Provide supporting documentation for **all costs** except indirect, unless you have a federally negotiated rate of more than 10% (must be able to substantiate)
 - Awards issued on or after 10/1/24 indirect rate up to 15%
- Reach out to us for help!

What questions do you have about
the Invoice Request submissions?

Monitoring Instructions

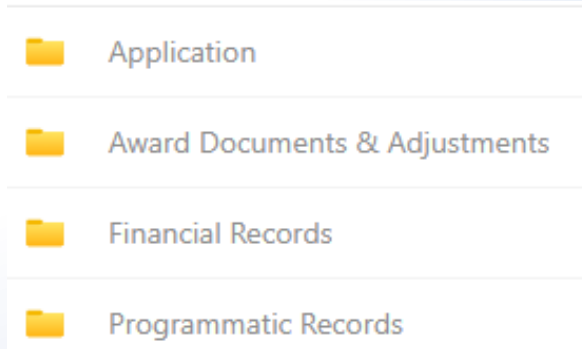


Monitoring Process

- EDP will be conducting monitoring for all subrecipients
- Required by federal regulations and will evaluate program to ensure the following:
 - Subaward is utilized for authorized purposes
 - Complies with Federal statutes & regulations
 - Meets the terms & conditions of the subaward
- Remote desk reviews begin mid-March and may also include on-site visits
- Subrecipients are asked to upload copies of the requested documentation to EDP's SharePoint site using the link provided
- After the monitoring process is complete, all required corrections will be provided

Monitoring Documentation Requests

- You will receive a link to EDP's SharePoint where you can upload requested documentation under the appropriate folder:



- Please ensure the naming convention mirrors the name of the information requested
 - For example:
 - Application folder > "Approved Application"
 - Award Documents & Adjustments folder > "Signed Award"
 - Financial Records folder > "General Ledger"
 - Programmatic Records folder > "Organizational Chart"

What other questions do you have?



If your organization would like to meet one on one with members from our grants team to review this information in greater detail, please reach out to FCEDPsubrecipient@franklincountyohio.gov.