CERT Periodic Expenditure Report ("PER") Preparation 101

November 6, 2024

Session Objectives

- Understand Grant and Contract Requirements
- Understand Contract Compliance
- Understand Allowable vs. Unallowable Costs
- Understand the Match Requirements
- Understand the PER Worksheet
- Understand the Required Supporting Documentation
- Understand the Budget Revision Request Process
- Understand how to use the Laserfiche Submission Portals



Grant and Contract Requirements

- Contract Dates: October 1, 2024 to August 31, 2025
- All required documentation <u>must</u> be on file with Volunteer Florida before reimbursements will begin.
 - Signed Contract
 - W9;
 - EFT Form;
 - Most Recent Audited Financial Statements;
 - Approved Budget, and;
 - Other Documents as Required per Contract.
- The contract is a "cost reimbursement" contract.

-This means that all costs requested for reimbursement must be paid by the organization prior to requesting for reimbursement



Examples

Scenario: You are creating your first quarter invoice (October, November, and December 2024) and want to know if you can request reimbursement for these expenditures on the invoice under the cost reimbursement definition provided. Assume all costs are in the approved budget.

- 1. Background check costs incurred on October 1st paid by check on October 15th
- 2. Approved equipment purchased on December 1st and paid for on January 3rd?
- 3. Training certifications incurred on October 15th paid by check on November 15th?
- 4. Salary paid on October 4th for time worked September 16 September 29, 2024?
- 5. Volunteer Hours served and recorded for the period of September 1st to December 31st?
- 6. Registration fees purchased on December 1st, paid by credit card on December 1st, and the credit card statement was paid on January 25th?



Contract Compliance

- Read the entire contract and be familiar with all provisions;
- Pay attention to due dates and required reporting;
- Submit timely and complete invoices by the due date; and
- Be familiar with all Contract Attachments

Compliance will ensure there are no paybacks for unallowable costs; will ensure there are no delays in processing your reimbursement request or forfeiture of payments; and will allow you to fully expend and match your grants.



Contract Compliance

- Important Dates to Remember
 - Quarterly invoices are due by the 15th of the month following the end of each quarter and must include a PER Form and all supporting documentation (January 15th, April 15th, July 15th, Sept 15th);
 - A Final Invoice can be submitted and is due <u>no later than</u> 30 days after the contract ends; that date will be September 30, 2025, and must also include a PER Form and all supporting documentation.



Allowable Costs

- Costs eligible for reimbursement:
 - All Costs <u>MUST</u> be in your approved budget.
 - All Cost <u>MUST</u> be related to the following as noted in NOFO:
 - **Planning** Allowable planning that support the CERT mission can be found at <u>https://www.ready.gov/citizen-corps</u>
 - **Organization** Staffing Activities linked to accomplishing the activities outlined in Program Work Plan.
 - Training NIMS trainings can be found at <u>https://www.fema.gov/nims-training</u>
 - **Exercise** Requires participation in three exercises in a 12-month period.
 - **Equipment** Allowable equipment can be found at <u>https://www.fema.gov/authorized-equipment-list</u>
 - **M&A** Not to exceed 5% of total grant award.



Unallowable Costs

- Costs that are **<u>not</u>** in the approved budget;
- Food and beverages purchased, but not sent to VF for processing through the Division of Emergency Management at least 25 days prior to the event and approved and in the approved budget;
- Per diem claimed over the State of Florida rate of \$36 per day;
- Mileage claimed over the State of Florida rate of **\$.445 per mile**;
- Trainings that do not relate directly to the scope of your program and benefit the CERT program;
- Taxes of any kind; and
- Volunteer hours claimed over the Florida Independent Sector Rate of \$31.61/per hour.



State of Florida Travel

- The State of Florida's maximum mileage reimbursement rate is \$0.445 per mile.
- No reimbursement for mileage <u>and</u> gas (one or the other and must be the most cost efficient using state/federal funds).
- Lodging should not exceed **\$225** per night.
- Meals cannot exceed state of Florida per diem rates:
 - Breakfast cannot exceed \$6 per person;
 - Lunch cannot exceed \$11 per person;
 - Dinner cannot exceed \$19 per person.

To claim breakfast travel must begin before 6:00 a.m. and go beyond 8:00 a.m. To claim lunch travel must begin before 12:00 p.m. and go beyond 2:00 p.m. To claim dinner travel must begin before 6:00 p.m. and go beyond 8:00 p.m.



Match Requirements

- There is a 100% match requirement (dollar-for-dollar);
- Can be cash or in-kind;
- Can use State and Federal funds to match as long as the funders are aware and have approved the use;
- Must not be used to meet match for any other funding source;
- Must be documented;
- Volunteer hours can be used for match.
 - Hours must be within the contract period of October 1, 2024 August 31, 2025;
 - Hours must be documented and provided along with quarterly invoices (VF can provide a sample form to be used; it should include name of volunteer, dates and times of volunteer hours and should be certified with a signature);
 - Hours must be valued at the \$31.61 per hour which is the Florida Independent Sector Rate for the value of volunteer hours.

Match Requirements

- Match <u>must</u> be met before all funds will be reimbursed.
- The same documentation will be required for match expenditures as is for the reimbursable expenditures.
- Do not wait until the end of the contract year to submit for match expenditures as reimbursements can and will be held until proper match is reported and documented.



Match Requirements

If you do not meet the match requirement for the funds expended, the allowable grant funds will be adjusted and you will only receive funds equal to the match funds you have provided documentation for.

For example, if your grant is \$5,000 then you have a \$5,000 required match. If you only provide documentation for \$4,652 in match expenditures, the maximum funds you can receive from this grant would be \$4,652.



Periodic Expense Report (PER)

LEGAL APPLICANT (LEAD AGENCY):			
PROGRAM:			
INVOICE DATES	1-Oct-24	то	31-Dec-24
	1-001-24		51-Dec-24
PROGRAM YEAR:		2023-2024	
	CERT / Citizens Corps	MONTHLY INVOICE Match	Total
	CERT/Cluzens corps	Match	Total
A. Planning			
			\$0.00
			\$0.00
			\$0.00
			\$0.00
A. Planning	\$0.00	\$0.00	\$0.00
B. Organization			
			\$0.00
			\$0.00
			\$0.00
B. Organization	\$0.00	\$0.00	\$0.00 \$0.00
C. Training	+0.00	+0.00	+0.00
<u> </u>			\$0.00
			\$0.00
			\$0.00
			\$0.00
C. Training	\$0.00	\$0.00	\$0.00
D. Exercise			
			\$0.00
			\$0.00
			\$0.00
D. Exercise	\$0.00	\$0.00	\$0.00 \$0.00
E. Equipment	40.00	40.00	40.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
E. Equipment	\$0.00	\$0.00	\$0.00
F. Management and Administration			
			\$0.00
			\$0.00
			\$0.00
F. Management and Administration	\$0.00	\$0.00	\$0.00 \$0.00
SUBTOTAL	\$0.00	\$0.00	\$0.00
TOTAL PER AMOUNTS:	\$0.00	\$0.00	\$0.00
CERT / Citizens Corp / Match Share:	#DIV/0!	#DIV/0!	#DIV/0!
APPROVED BY (must be typed or	signed by program):		
Date PER sent to	o Volunteer Florida		

A. Planning

- Copies of the completed plan;
- Contracts or agreements with consultants or sub-contractors;
- Documentation of hours worked and proof of payment to employee;
 - Timesheets that note hours specific to CERT grant activities, that are certified, signed and dated by the employee and the supervisor for each pay period and must include the pay period dates;
 - Proof of payment can include either Paystubs, Earning Statements, or Payroll Journals and must include pay period dates and the pay date
- Invoices, itemized receipts, support of expenses and proof of payments
 - If paid by check, then a copy of the cancelled check
 - If paid by credit card, a copy of the invoice, itemized receipt, or other support of expense along with a copy of the credit card statement noting the charged expense and proof of payment for the credit card statement.

B. Organization

- For salaries:
 - Timesheets that note hours specific to CERT grant activities, that are certified, signed and dated by the employee and the supervisor for each pay period and must include the pay period dates;
 - Proof of payment can include either Paystubs, Earning Statements, or Payroll Journals and must include pay period dates and the pay date
- For expense items:
 - Invoices, itemized receipts, other support of expenses and payments (i.e., cancelled checks, credit card statements, etc.);
 - If paid by check, then a copy of the cancelled check
 - If paid by credit card, a copy of the invoice, itemized receipt, or support of expense along with a copy of the credit card statement and proof of payment for the credit card statement
 - All documentation for reimbursement must be clearly visible and can be highlighted, underlined, and/or circled on the required supporting documentation.



C. Training

- When attending a training:
 - Certificates, sign-in sheets or instructor certified rosters (including titles and dates and times) and agendas are required.
- When conducting training, the sub-recipient shall provide:
 - Sign-in sheets or instructor certified rosters (including titles and dates and times);
 - Course material and an agenda
- Applicable procurement support (quotes, FDEM Sole Source Form, State Term Contract #, or Competitive bid results).
 - Invoices, itemized receipts, support of expenses and payments (i.e., cancelled checks, credit card statements, etc.);
 - If paid by check, then a copy of the cancelled check
 - If paid by credit card, a copy of the invoice, itemized receipt, or support of expense along with a copy of the credit card statement and proof of payment for the credit card statement
 - All documentation for reimbursement must be clearly visible and can be highlighted, underlined, and/or circled on the required supporting documentation



D. Exercise

- When conducting an exercise, the sub-recipient shall provide:
 - After Action Report/improvement plan and sign-in sheets (including titles and dates and times);
 - If paid by check, then a copy of the cancelled check
 - If paid by credit card, a copy of the invoice, itemized receipt, or support of expense along with a copy of the credit card statement and proof of payment for the credit card statement
 - All documentation for reimbursement must be clearly visible and can be highlighted, underlined, and/or circled on the required supporting documentation.
 - When participating in an exercise, the sub-recipient shall provide:
 - Certificates, sign-in sheets or instructor certified rosters (including titles and dates and times).



- E. Equipment
 - FEMA AEL reference numbers shall be provided for all equipment purchases;
 - Do not use generic FEMA AEL numbers for items with specific AEL numbers;
 - Invoices, itemized receipts, other support of expenses and payments (i.e., cancelled checks, credit card statements, etc.);
 - If paid by check, then a copy of the cancelled check
 - If paid by credit card, a copy of the invoice, itemized receipt, or support of expense along with a copy of the credit card statement and proof of payment for the credit card statement
 - All documentation for reimbursement must be clearly visible and can be highlighted, underlined, and/or circled on the required supporting documentation.
 - Copies of services or maintenance agreements;
 - Applicable procurement support (quotes, FDEM Sole Source Form, State Term Contract #, or competitive bid results).



F. Management and Administration Costs

- For salaries:
 - Timesheets that note hours specific to CERT grant activities, that are certified, signed and dated by the employee and the supervisor for each pay period and must include pay period dates;
 - Proof of payment can include either Paystubs, Earning Statements, or Payroll Journals and must include pay period dates and the pay date
- For expense items:
 - Invoices, itemized receipts, support of expenses and payments (i.e., cancelled checks, credit card statements, etc.);
 - If paid by check, then a copy of the cancelled check
 - If paid by credit card, a copy of the invoice, itemized receipt, or support of expense along with a copy of the credit card statement and proof of payment for the credit card statement
 - All documentation for reimbursement must be clearly visible and or (highlighted, underlined, and/or circled on the required supporting documentation).

*Please remember that costs for M&A activities are only allowed up to 5% of the total award amount and must be in the approved budget and will require documentation.



Documentation Samples

- Timesheet
- Payroll Documentation
- Fringe Benefits Documentation
- Expense Support and Documentation
- Travel Expenses Documentation
- Volunteer Hours Documentation



Budget Revisions

- If you find that you need to revise your original approved budget, you can request a Budget Revision.
 - You must request approval from Volunteer Florida for any costs not in the approved budget prior to purchasing.
 - The Budget Revision Request Form should be completed and include signatures and dates and should be sent directly to your Program Manager for review and approval.
 - Budget Revision can not include costs that were already incurred and paid for prior to the revision request date that were not in the original budget. (no retroactive costs)



Budget Revision

- All Budget Revision Requests and justification of the request <u>MUST</u> be submitted to your VF Program Manager for review and approval.
- Grantees may submit a <u>maximum of four (4)</u> Budget Revision Requests per contract year.
- Final Budget Revision Requests must be received by your VF Program Manager no later than _____
- Grantees must respond to any request for clarification within <u>5 business</u> <u>days</u> or the Budget Revision Request will be voided and new request will need to be submitted to be considered.



Budget Revision Request Form

				I		Ú	Ú I		i i	
	LEAD AGENCY:									
PROGRAM:										
PROGRAM YEAR: 2	2024-2025									
DATE REVISION SUBMITTED:										
	Ori	iginal Budget	•	Bu	dget Chang	95	Revised Budget			Justifications and Calculations
	Oliginal Buuget			(+) Increases/(-) Decreases		Revis	seu buuge	<u>.</u>		
	CERT	Match	Total	CERT	Match	Total	CERT	Match	Total	
A. Planning Costs										
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
A. Subtotal Planning Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
B. Organizational Costs							-			
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
B. Subtotal Organizational Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
C. Equipment Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
C. Equipment Costs	\$0.00	\$0.00	\$0.00	\$0.00	60.00	60.00		\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00			
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
C. Subtotal Equipment Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
D. Training Costs										
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
D. Subtetel Training Conte	\$0.00		\$0.00		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00 \$0.00	\$0.00	
D. Subtotal Training Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
E. Exercise Costs										
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
E. Subtotal Exercise Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
F. Management and Admin Costs		+ 2	•			*****			• • • • •	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00					\$0.00				
		\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
F. Subtotal Management and Admin Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
BUDGET TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	ROVED BY:									
Date Revision Request	sent to VF:									
(Following lines to be filled out by VF staff Only)										
Date Revision Request r										
VF APPROVAL:										
Date Revision Request A	nnroved by VE									

Budget Revision

- Grantees must complete the Lead Agency and Program Name and the date the revision was submitted.
- 1st Budget Revision Request: Original Budget section is completed utilizing the original approved budget in your contract package.
- All subsequent requests will utilize the "Revised Budget" from the previously approved Budget Revision Request.
- Grantees must sign and date the Budget Revision Request Form prior to submitting. Please note an electronic signature is acceptable.
- All requested revisions must include justification and calculations provided in equation format in the last column.
- The Total Budget amounts must remain unchanged after the increases and decreases in the budget revision request are made.



Budget Revisions

Exhibit V – Budget Revision Request Form

Grantees must sign and date the form prior to submission

Complete Lead Agency, Program Name, Date Revision Submitted

Increases/Decreases in Budget Changes columns should total "zero" in the request

Original Budget to be completed using approved Budget

Subsequent requests will use "Revised Budget" from previously approved budget revisions

Invoice Submission Process

- You will submit your quarterly invoices via the Laserfiche Portal including the PER invoice coversheet and all supporting documentation <u>no later than</u> fifteen (15) days after the end of each quarter.
- This is a cost reimbursement grant, therefore only expenses that are paid in the quarter should be included on the PER.
- The PER <u>must</u> be signed and dated.
- Volunteer Florida, per contract, has forty (40) days from receipt of a correct and complete invoice to provide payment. This time period will start over if we have to request clarifications or need documentation.



Invoice Processing Steps

Once an invoice is received it is:

- Reviewed by the VF fiscal staff. Once VF fiscal staff has reviewed, if there are no issues the invoice will be processed as is. If there is more information needed, the staff will send a notification from the Laserfiche system noting the requested invoice revisions, documentation or clarifications, and the grantee will have <u>5 business days</u> to submit requests back to the VF office.
- If revisions are not received within the <u>5 business days</u>, VF will revise the invoice based on costs that they deem allowable based on the supporting documentation provided and issue a check for those allowable costs. You will receive an email noting what has been removed from the VF fiscal staff.
- If there is anything that you believe we should have additional information to aide us in review, please include it in the invoice submission. THE MORE DOCUMENTATION THE BETTER!

Document, document, document – remember if it's not in writing then it did not happen.



Questions? Comments? Concerns?





Laserfiche Training

Invoice Submission and Documentation Portal Training

Session Objectives

Know the Laserfiche Submission Portals and Web Addresses

Understand How to Use the Invoice Submission Portal

Understand How to Use the Invoice Update Portal

Laserfiche Invoice Submission Portal

https://volunteerfl.mccicloud.io/Forms/SGP Sub-grantee Submission Portal

**This is the Portal that will be used for all ORIGINAL Invoice Submissions each quarter



Volunteer Florida Sub-Grantee Portal

volunteerflorida

PER Information

Funding Source*	Community Emergency Response Team 🗸
PER Quarter*	~
PER Year*	~
Sub-Grantee Organization*	×
Supporting Documents*	Upload Drag and drop documents here to upload them with the submission. Please note only PDFs and Excel documents can be uploaded.

Submitter Information

First Name*	
Last Name*	
Title	
Email*	
Phone Number*	Format is XXX-XXX-XXXX.
Submit	Formatis AAA-AAAAAAA

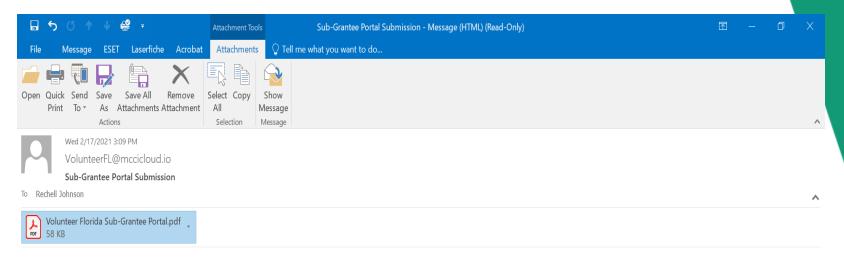
Step-by-Step PER Information

- Choose your funding source by clicking on the dropdown arrow (Community Emergency Response Team)
- Choose PER Quarter by clicking on the dropdown arrow
- Choose PER Year by clicking on the dropdown arrow (2024-2025)
- Choose your Organizations name by clicking on the Sub-Grantee Organization dropdown arrow
- You will then Upload your file by clicking on the Upload Button and adding file from documents (or you can click on file and drag it into the Supporting Documents field)

Step-by-Step Submitter Information

- Enter the Submitter's First Name
- Enter the Submitter's Last Name
- Title is an Optional Field
- Enter the Submitter's Email Address
- Enter the Submitter's Phone Number
- Click on Submit

Sample Submission Confirmation Email



Rechell-

Thank you for submitting your PER for 01-January/2021. Your Instance ID is 78. Please use this if you need to update your submission. Thank you.

-Rechell Johnson Financial Analyst T: 850.414.7400 M: 850.294.4752 Rechell@volunteerflorida.org www.volunteerflorida.org



Sample Submission Update Requested Email

🖬 5 () 1 🕂 4 🗳 =	Sub-Grantee Submission Update Requested - Message (HTML) (Read-Only)	T	- 0	×		
File Message ESET Laserfiche Acrobat	Q Tell me what you want to do					
Sunk - Delete Reply Reply Forward More -	Image: Control of the second secon					
Delete Respond	Quick Steps 12 Move Tags 12 Editing Zoom OneNote			^		
Wed 2/17/2021 3:35 PM VolunteerFL@mccicloud.io Sub-Grantee Submission Update Reque	isted			^		
Volunteer Florida Sub-Grantee Portal.pdf 59 KB						
Good Morning/Afternoon- Thank you for submitting your monthly inv • Update • This • Now	oice. We have reviewed your invoice submission and have the following comments and or requests for further clarification:					
Please provide the requested information and documentation no later than the close of business five (5) business days after this email has been sent.						
If we do not receive the requested information by this date, we will remove the expenses in question and process your invoice.						
You may submit the update by clicking here. Your Instance ID is 78. The rest of the information you'll need to fill out the Update is contained in the attached document.						
Please let me know if you have any question	1s or concerns regarding this request.			•		
	voluntee	erfl	ori	da		

Laserfiche Invoice Update Portal

https://volunteerfl.mccicloud.io/forms/SGUP Sub-grantee Update Portal

****This is the Portal that will be used for all UPDATES** to invoices and additional documentation or clarification requests.



Sub-Grantee Update Portal

Note: If you're not sure what information to put in, please refer to the email request for an update to your submission.

Instance ID*	78
Funding Source*	Community Emergency Response Team 🗸
PER Quarter*	~
PER Year*	✓
Sub-Grantee Organization*	~
Email Used For Submission*	
Corrected Documents [*]	Upload
Submit	

Step-By-Step Update Portal

- Enter your Instance ID Number from the Confirmation Email
- Choose your Funding Source by clicking on the dropdown arrow
- Choose the PER Quarter for the invoice you are responding to by clicking on the dropdown arrow
- Choose the PER Year for the invoice you are responding to by clicking on the dropdown arrow
- Choose the Organizations Name from the Sub-Grantee Organization dropdown arrow
- Enter the Submitter's Email Address from the original submission
- Upload the requested and corrected documents
- Click on Submit





Finance Contact Information

Tracie Lambright Deputy Finance Director <u>Tracie@volunteerflorida.org</u> (850) 294-3856

Nicholas Revell Financial Analyst I <u>Nicholas@volunteerflorida.org</u> (850) 354-9114

