



Procedures for Grant Reimbursement

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

Outer Banks Community Foundation Grant Payment Timesheet

Instructions: Use this timesheet to record the time spent on your Community Foundation grant project. You should NOT show all working hours on this timesheet, just time spent on your grant project. You may enter start and end times in columns C-H and use the formulas in column I to calculate hours worked, or simply enter the number of hours worked on each day in column I.

Employee Name:

Employee Job Title:

Day	Date	Start Time	End Time	Start Time	End Time	Start Time	End Time	Hours Worked
Monday								0.00
Tuesday								0.00
Wednesday								0.00
Thursday								0.00
Friday								0.00
Saturday								0.00
Sunday								0.00

Hourly Wage Rate	\$0.00	<i>Enter the hourly rate here, wages only. Do not include taxes, benefits, overhead, or any other payroll</i>	Total Hours	0.00
Hrly Rate Incl. Taxes	\$0.00		Billable to OBCF	\$0.00

This field is auto-calculated to add Social Security and Medicare taxes to the hourly wage rate.

This field is auto-calculated, multiplying the total hours times the hourly rate including taxes.

Tasks/Outputs Accomplished This Week:

Supervisor or CEO signature and title

Date



**Payment Request Form
For Program Scholarship Grants**

Please complete this form and submit with registration list or registration forms for each participant. Please black out participants' names for privacy.

Name of Grantee Organization: _____

Date of Request: _____

Total Grant Amount: \$ _____

Portion of Grant Allocated toward Scholarships: \$ _____

Program Fees and Participants

Dates of Program: _____

- 1) How many students in total participated in the program (include paying and subsidized students)? _____
- 2) What is the full price that paying participants were charged for the program? \$ _____
- 3) For partially subsidized students, what was the partial price charged to the student? \$ _____
- 4) How many participants paid full price? _____
- 5) How many participants were partially subsidized (the student paid some, but not all of the fee)? _____
- 6) How many participants were fully subsidized (the student paid no part of the fee)? _____
- 7) In addition to the Outer Banks Community Foundation grant, what amount did the organization receive from other grants to help pay for these scholarships? \$ _____

Grant Request Summary

Scholarship fees requested: \$ _____

+ Other expenses requested*: \$ _____

= Total amount of grant reimbursement request: \$ _____

**If your grant includes reimbursable expenses in addition to scholarships, please submit timesheets and/or third-party invoices, statements, or receipts with a summary of those expenses.*