

# RURAL COMMUNITY ASSETS FUND

Finance Webinar  
July 10, 2024



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# SESSION OBJECTIVES

- Understand Grant and Contract Exhibits;
- Understand Important Due Dates;
- Understand the Match Requirements;
- Understand How to Complete the Periodic Expenditure Report (PER);
- Understand the Required Supporting Documentation;
- Understand the Budget Revision Request Process; and
- Understand How to Submit the PER through the Laserfiche Portal



# RCAF CONTRACT EXHIBITS

- **Exhibit I** - Approved Application and Program Budget
- **Exhibit II** – Budget Revision Request Forms
- **Exhibit III** – Program Reporting Reports
- **Exhibit IV** – Periodic Expenditure Reports (PER)
- **Exhibit V** – Reporting Guidance Templates
- **Exhibit VI** – RCAF Compliance Guidelines
- **Exhibit VII**– Contract Checklist



# IMPORTANT DUE DATES

## June 8, 2024:

- Contract Checklist
- Pre-Assessment
- Initial Data Certification
- Data report from the Volunteer Demographics Report

## November 15, 2024

- 1<sup>st</sup> Half PER (May 1, 2024 to October 31, 2024)
- Activities portion of Data and Activities Report
- Actual Data portion of the Volunteer Demographics Report

## May 11, 2025

- 2<sup>nd</sup> Half PER (November 1, 2024 to April 30, 2025)
- Activities portion of Data and Activities Report
- Actual Data portion of the Volunteer Demographics Report
- Post Assessment



# MATCH REQUIREMENTS

- There is a 100% match requirement;
- Must be expenditures in the approved budget;
- Can be cash or in-kind;
- Can ONLY use State and Federal funds to match as long as the funders are aware and have approved you to do so;
- Must be documented and include the same supporting documentation as required for regular grant expenditures.



# PERIODIC EXPENDITURE REPORT

VOLUNTEER FLORIDA FOUNDATION | RURAL COMMUNITY ASSETS FUND  
 Exhibit IV.A.  
 PERIODIC EXPENSE REPORT | A-GRANTEES

LEGAL APPLICANT (LEAD AGENCY):					
PROGRAM:					
PROGRAM YEAR:	2024-2025 RCAF: A-GRANTEES- TRAINING, MEDIA, RESOURCES, VETTING				
			RCAF Share	Grantee Share	Total
<b>1. Training</b>					
					\$0.00
					\$0.00
					\$0.00
<b>1. SUBTOTAL: Training</b>			\$0.00	\$0.00	\$0.00
<b>2. Digital Media Resources</b>					
					\$0.00
					\$0.00
					\$0.00
<b>2. SUBTOTAL: Digital Media Resources</b>			\$0.00	\$0.00	\$0.00
<b>3. Volunteer and Promotional Resources</b>					
					\$0.00
					\$0.00
					\$0.00
<b>3. SUBTOTAL: Volunteer and Promotional Resources</b>			\$0.00	\$0.00	\$0.00
<b>4. Vetting Resources</b>					
					\$0.00
					\$0.00
					\$0.00
<b>4. SUBTOTAL: Vetting Resources</b>			\$0.00	\$0.00	\$0.00
<b>TOTAL INVOICE AMOUNTS</b>			\$0.00	\$0.00	\$0.00
Grantee Share:			#DIV/0!	#DIV/0!	#DIV/0!
<b>APPROVED BY (must be typed or signed by program) :</b>					
<b>Date PER sent to Volunteer Florida Foundation:</b>					

# PERIODIC EXPENDITURE REPORT

VOLUNTEER FLORIDA FOUNDATION | RURAL COMMUNITY ASSETS FUND  
 Exhibit IV.B.  
 PERIODIC EXPENSE REPORT | B-GRANTEES

<b>LEGAL APPLICANT (LEAD AGENCY):</b>					
<b>PROGRAM:</b>					
<b>PROGRAM YEAR:</b> 2024-2025 RCAF: B-GRANTEES- PERSONNEL, SOFTWARE					
			RCAF Share	Grantee Share	Total
<b>1. Personnel Expenses</b> (list each employee by last name, first name initial and position title) <i>Max 2 individuals</i>	<b>Annual Salary</b>	<b>% time</b>			
					\$0.00
					\$0.00
<b>1. Subtotal Personnel Expenses</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>2. Personnel Fringe Benefits- Max 2 individuals</b>					
<b>Individual #1 (NAME)</b>					
FICA (Social Security and Medicare)					\$0.00
Health					\$0.00
Workers' Comp					\$0.00
Other (Dental, Life, Retirement)					\$0.00
<b>Individual #2 (NAME)</b>					
FICA (Social Security and Medicare)					\$0.00
Health					\$0.00
Workers' Comp					\$0.00
Other (Dental, Life, Retirement)					\$0.00
<b>2. Subtotal Personnel Fringe Benefits</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>3. Database Software</b>					
<b>Software Name:</b>	<b>Cost</b>	<b>Usage %</b>			
					\$0.00
<b>4. Database Software</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL BUDGET AMOUNTS:</b>					
Grantee Share:			#DIV/0!	#DIV/0!	#DIV/0!
<b>APPROVED BY (must be typed or signed by program) :</b>					
<b>Date PER sent to Volunteer Florida Foundation:</b>					



# SUPPORTING DOCUMENTATION

## Personnel Expenses

Supporting documentation required:

- Timesheets** – signed and dated by employee and supervisor, have a certification statement and must clearly note the hours dedicated to the grant – must also match the pay periods for the pay dates; and
- Payroll registers, payroll journals or copies of salary warrants** (paystubs, etc.) – must note the pay period dates and the pay dates

## Personnel Fringe Benefits

Supporting documentation required:

- Payroll registers, payroll journals or copies of salary warrants** - showing FICA withholdings for that pay period; and
- Invoice(s)** for health care and all other benefits with a complete listing of employees and premiums paid – invoices also must note the coverage period; and
- Proof of Payment** (example: copies of checks, ACH online confirmation of payment) – must have payment date and amount paid on documentation.



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# SUPPORTING DOCUMENTATION

## Database Software, Training, Digital Media Resources, Volunteer Promotional Resources and Vetting Resources

Supporting documentation required:

- Invoice(s)/Receipts** – detailed invoices and receipts must identify all items purchased
- Proof of Payment** – (examples: copies of checks, ACH online payment confirmations) – must include payment date and amount paid

**\*\*NOTE:** For credit card purchases all the above will be required in addition to a copy of the **credit card statement that includes the purchase** and a **proof of payment** for the credit card.



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# SUPPORTING DOCUMENTATION

**NOTE\*\*** General Ledgers are not proper supporting documentation and will not be accepted to support any expenditure for RCAF Share or Grantee Share.



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# BUDGET REVISION PROCESS

Budget Revision Requests and justification of the request MUST be submitted to your Program Manager for review and approval prior to incurring any expense not in the approved budget;

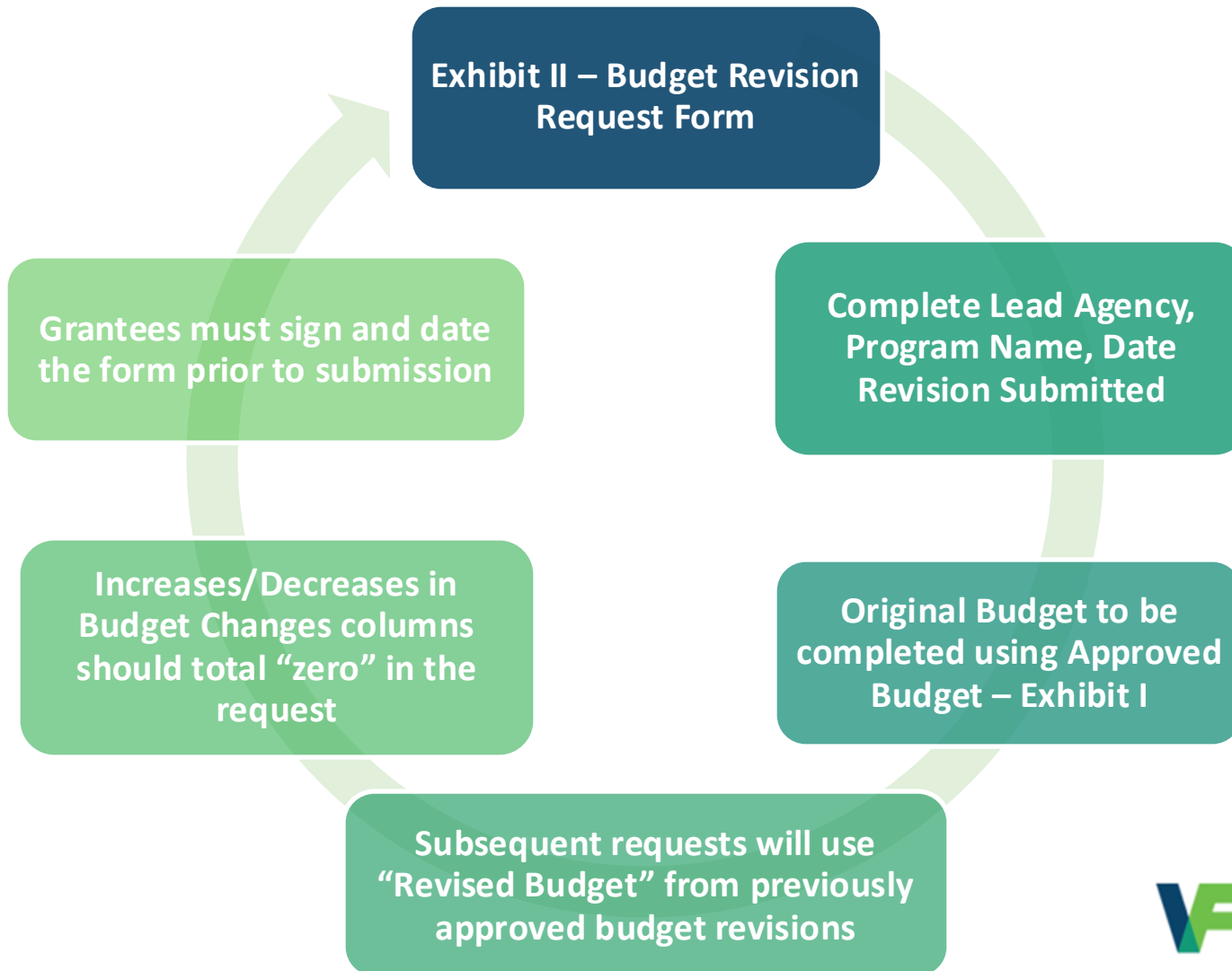
Grantees will be allowed to submit Budget Revisions no later than January 15, 2025;

Grantee must respond to any request for clarification within 5 business days or the request will be voided and not be approved.

Budget Revision Requests must be submitted and approved prior to incurring any new expenditures and can not include retroactive expenditures.



# BUDGET REVISION PROCESS



# BUDGET REVISION FORMS

VOLUNTEER FLORIDA FOUNDATION | RURAL COMMUNITY ASSETS FUND  
 Exhibit II.A.  
 BUDGET REVISION REQUEST FORM | A-GRANTEES

LEAD AGENCY:											
PROGRAM:											
PROGRAM YEAR: 2024-2025 RCAF: A-GRANTEES- TRAINING, MEDIA, RESOURCES, VETTING											
DATE REVISION SUBMITTED:											
	Original Budget			Budget Changes (+) Increases/(-) Decreases			Revised Budget			Justification	
	RCAF	Grantee	Total	RCAF	Grantee	Total	RCAF	Grantee	Total		
<b>1. Training</b>											
	\$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>1. Subtotal: Training</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>2. Digital Media Resources</b>											
	\$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>2. Subtotal: Digital Media Resources</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>3. Volunteer and Promotional Resources</b>											
	\$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>3. Subtotal: Volunteer and Promotional Resources</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>4. Vetting Resources</b>											
	\$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>4. Subtotal: Vetting Resources</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>TOTAL COSTS</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>TOTAL</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
RCAF / Grantee Share:	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
APPROVED BY:											
Date Revision Request sent to Volunteer Florida Foundation:											
(Following lines to be filled out by VFF ONLY)											
Date Revision Request received by Volunteer Florida Foundation:											
VFF APPROVAL BY:											
Date Revision Request Approved by Volunteer Florida Foundation:											



# BUDGET REVISION FORMS

VOLUNTEER FLORIDA FOUNDATION | RURAL COMMUNITY ASSETS FUND

Exhibit II.B

BUDGET REVISION REQUEST FORM | B-GRANTEES

LEAD AGENCY:											
PROGRAM:											
PROGRAM YEAR: 2024-2025 RCAF: B-GRANTEES- PERSONNEL, SOFTWARE											
DATE REVISION SUBMITTED:											
	Original Budget			Budget Changes (+) Increases/(-) Decreases			Revised Budget			Justification	
	RCAF	Grantee	Total	RCAF	Grantee	Total	RCAF	Grantee	Total		
<b>1. Personnel Expenses (list each employee by last name, first name initial and position title) Max 2 individuals</b>											
1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>1. Subtotal Personnel Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>2. Personnel Fringe Benefits- Max 2 individuals</b>											
<b>Individual #1 (NAME)</b>											
FICA (Social Security and Medicare)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Workers' Comp	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (Dental, Life, Retirement)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Individual #2 (NAME)</b>											
FICA (Social Security and Medicare)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Workers' Comp	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (Dental, Life, Retirement)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>2. Subtotal Personnel Fringe Benefits</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>3. Database Software</b>											
	\$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>3. Database Software</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>TOTAL COSTS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
CNCS / Grantee Share:	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
<b>APPROVED BY:</b>											
Date Revision Request sent to Volunteer Florida Foundation:											
(Following lines to be filled out by VFF Only)											
Date Revision Request received by Volunteer Florida Foundation:											
<b>VFF APPROVAL BY:</b>											
Date Revision Request Approved by Volunteer Florida Foundation:											



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# Laserfiche Training

*Invoice Submission and  
Documentation Portal Training*



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# 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 month**



## PER Information

Funding Source\*

PER Year\*

Sub-Grantee Organization\*

Supporting Documents\*

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.



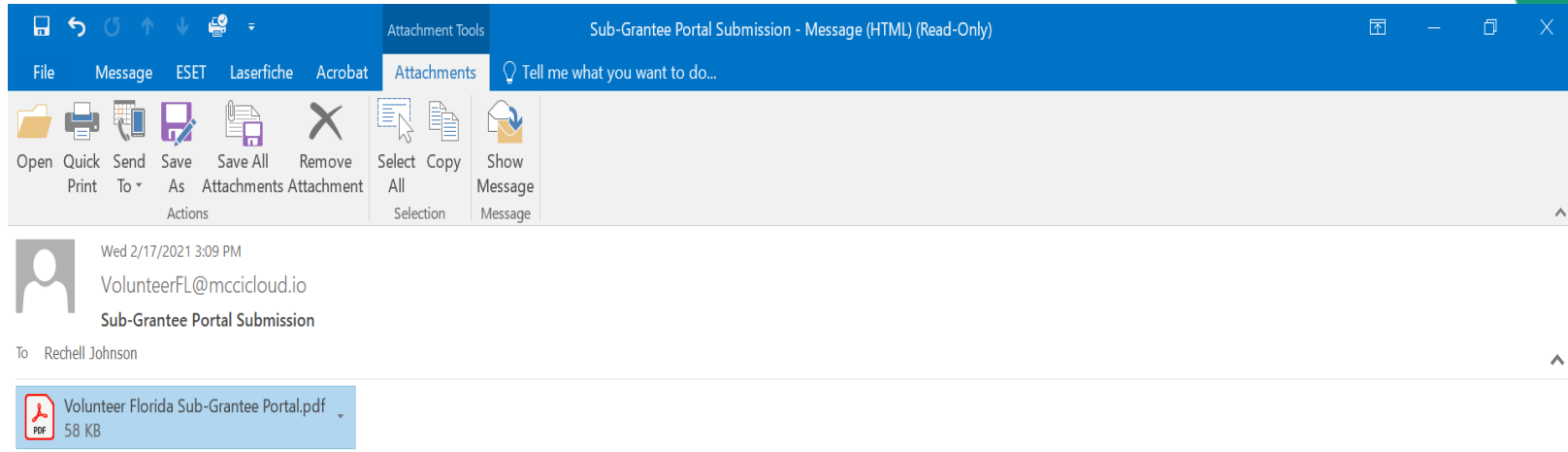
## Step-by-Step PER Information

- Choose your funding source by clicking on the dropdown arrow (*Rural Community Asset Fund*)
- 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](mailto:Rechell@volunteerflorida.org)

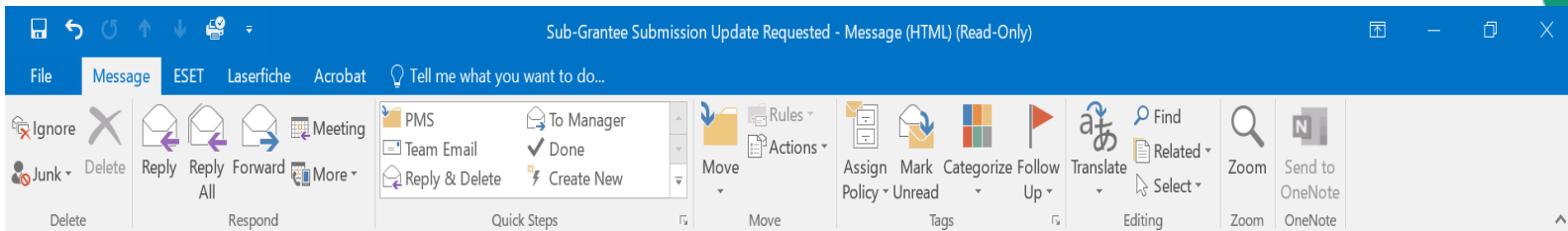
[www.volunteerflorida.org](http://www.volunteerflorida.org)



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# Sample Submission Update Requested Email



Wed 2/17/2021 3:35 PM  
VolunteerFL@mccicloud.io  
**Sub-Grantee Submission Update Requested**

To: Rechell Johnson



Good Morning/Afternoon-

Thank you for submitting your monthly invoice. We have reviewed your invoice submission and have the following comments and or requests for further clarification:

- **Update**
- **This**
- **Now**

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 questions or concerns regarding this request.

# 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.**



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## 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\*

Funding Source\*

PER Year\*

Sub-Grantee  
Organization\*

Email Used For  
Submission\*

Corrected  
Documents\*

Submit



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# 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 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

Please e-mail either of the following individuals with any questions related to this grant:

Tracie Lambright, Deputy Finance Director  
[Tracie@volunteerflorida.org](mailto:Tracie@volunteerflorida.org)  
(850) 294-3856

Jenelle Jones, Financial Analyst  
[Jenelle@volunteerflorida.org](mailto:Jenelle@volunteerflorida.org)  
(850) 294-3669

