CERT Periodic Expenditure Report ("PER") Preparation 101

October 29, 2025

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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

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Grant and Contract Requirements

- Contract Dates: October 1, 2025, to August 31, 2026
- All required documentation **must** 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

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Grant and Contract Requirements

- This contract is a “Cost Reimbursement” contract. This means costs are reimbursed after the organization has paid for them.

Grantees will be required to submit quarterly invoices requesting reimbursement for expenditures paid by the organization.

Grant funds will be provided for approved and documented expenditures incurred and paid for during the reporting period.

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Examples

Scenario: *You are creating your first quarter invoice (October, November, and December 2025) 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.*

Background check costs incurred on October 1st paid by check on October 15th and the check cleared on November 1st?

Approved equipment purchased on December 1st and paid for on January 3rd by credit card and the credit card was paid on January 26th?

Training certification costs incurred on October 15th paid by check on November 15th and the check cleared on December 5th?

Salary paid on October 17th for time worked September 29 – October 12, 2025?

Volunteer Hours served and recorded for the period of September 1st to December 31st?

Registration fees purchased on January 5th, paid by credit card on January 5th, and the credit card statement was paid on February 2nd?

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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/Exhibits

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.

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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 Periodic Expenditure Report Form (PER) and all required supporting documentation (January 15th, April 15th, July 15th, Sept 15th);
  - A Final Invoice can be submitted and is due **no later than** 30 days after the contract ends; that date will be September 30, 2026, and must also include a PER Form and all required supporting documentation.

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Contract Compliance

- Grantees are required to expend and request reimbursement for at least 50% of the grant funds no later than June 30, 2026;

- Grantees are also required to submit at least one Periodic Expenditure Report (PER) by Q3;

- All documentation pertaining to this grant is required to be retained for five (5) State fiscal years after all reporting requirements have been met and final payments have been received.

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Allowable Costs

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

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Unallowable Costs

- Costs that are **not** 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 daily 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 **$33.00/per hour.**

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State of Florida Travel

- The State of Florida's maximum mileage reimbursement rate is **$0.445 per mile.**
- No reimbursement for mileage and gas (one or the other and must be the most cost-efficient using state/federal funds).
- Lodging must not exceed **$225** per night.
- Meals cannot exceed the 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.

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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, 2025 – August 31, 2026;
  - 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 **$33.00 per hour** which is the Florida Independent Sector Rate for the value of volunteer hours.

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Match Requirements

- Match **must** 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.

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Match Requirements

If you do not meet the match requirement for the funds expended, the allowable grant funds will be adjusted/decreased, 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.

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Periodic Expense Report (PER)

LEGAL APPLICANT (LEAD AGENCY):			
PROGRAM:			
INVOICE DATES	1-Oct-25	TO	31-Dec-25
PROGRAM YEAR:		2025-2026	
		MONTHLY INVOICE	
	CERT / Citizens Corp	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
			$0.00
B. Organization	$0.00	$0.00	$0.00
C. Training			
			$0.00
			$0.00
			$0.00
			$0.00
C. Training	$0.00	$0.00	$0.00
D. Exercise			
			$0.00
			$0.00
			$0.00
			$0.00
D. Exercise	$0.00	$0.00	$0.00
E. Equipment			
			$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
			$0.00
F. Management and Administration	$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 Volunteer Florida			

Supporting Documentation

A. Planning

- Copies of the completed plan;
- Contracts or agreements with any 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 and must also include documentation that payroll was paid. (ex: Bank Statement)
- 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 the expense along with a copy of the credit card statement noting the charged expense and proof of payment for the credit card statement.

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Supporting Documentation

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 and must also include documentation that payroll was paid. (ex: Bank Statement)

- 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.

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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

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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).

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Supporting Documentation

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 (see Approved Budget);
- 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).

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Supporting Documentation

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 and must also include documentation that payroll was paid. (ex: Bank Statement)

- 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 still require documentation.

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Documentation Samples

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

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Documentation Samples

Employee Time Sheet

Employee Name: Tina Candoit

Company Name: Tracie and Rechell's Awesome Volunteer Services – Volunteers R Us

Title: Director of CERT Programs

Pay Period Start: 09/29/25 Pay Period End: 10/12/25

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Hours *(per task)*
Date	29	30	1	2	3	4	5	6	7	8	9	10	11	12	
Task															
CERT Hours	0	0	8	1	1	0	0	1	8	8	7	2			36
Administration	8	8		7	7	0	0	7	0	0	1	6			44
Total Hours*(each day)*	8	8	8	8	8	0	0	8	8	8	8	8	0	0	
															80
Grand Total Hours for Pay Period															
															36
Total CERT Hours for Pay Period															

By signing below, I hereby attest that the time recorded on this time sheet is true and accurate to the best of my knowledge.

Tina Candoit — Employee Signature — 10/13/2025 — Date

Tracie Lambright — Supervisor Signature — 10/14/2025 — Date

Documentation Samples

Intuit Payroll
Employee Paystub

Volunteers R Us
PO Box 180
Tallahassee, FL 32311

Tina Candoit
106 Park Street
Saint Marks, FL 32326

Direct Deposit – Check # DD107852

Pay Period Begin Date: 09/29/25 to Pay Period End Date:10/12/25
Pay Date: 10/17/2025

Employee: Tina Candoit SSN: ***-**-1008 Status: Married Allowance: Fed – 1

Earnings and Hours	Qty/Hours	Rate	Current Total
		$4,583.33	$4,583.33

Taxes	Current
Federal Withholding	$916.66
Social Security	$284.16
Medicare	$66.46
	-$1,267.28

Net Pay..... $3,316.05

Documentation Samples

Florida Blue
In the pursuit of health

Invoice Due Date: 10/1/2025	Invoice #: 7852	Invoiced Amount: $1,708.00	Invoice Date: 10/01/2025	Billing Period: 10/1/2025 to 10/31/2025
Org Id: 4569871230973	Group: B75912765	Division: 006876554		

BILLING SUMMARY	
TOTAL BILLED AMOUNT	$1,708.00
ON BILL ADJUSTMENTS	$0.00
AMOUNT DUE	$1,708.00

Florida Blue
In the pursuit of health

Last Name	First Name	SSN	ID	Product	Coverage	Total
Isdoingit	Jamie	***-**-9987	H1122334455	Group Plan B75912765	Single	$ 854.00
Candoit	Tina	***-**-1008	H1122335588	Group Plan B75912765	Single	$ 854.00

Documentation Samples

Volunteers R Us
PO Box 180
Tallahassee, FL 32311
(850) 844-0001

Check # 96855

10/01/2025

Pay To The
Order Of: Florida Blue

$1,708.00

One Thousand Seven Hundred and Eight 00/100 ********** Dollars

Florida Blue
PO Box 45074
Jacksonville, FL 32232

Memo: October 2025 Health Insurance Premiums

Tracie Lambright
Authorized Signature

"0000096855" :063102152: 10009823746399210

****You will be required to provide proof the check cleared the bank account.**

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Documentation Samples

Outlook

Your EmergencyKits.com Order Confirmation (#114051)

From EmergencyKits.com <CustomerService@EmergencyKits.com>
Date Wed 10/17/2025 1:24 PM
To Sarah Certify <scertify@volunteersrus.org>

EMERGENCYKITS.COM

Thanks for your order

Your order ID is **#114051125**. A summary of your order is shown below. To view the status of your order click here.

Shipping address

Sarah Certify
Volunteers R Us
1500 W Pencil Street
Penscaola, Florida 32501
United States
8501235689

Billing Address

Kyra Jackson
Volunteers R Us
1500 W Pencil Street
Penscaola, Florida 32501
United States
8505568741

Your Order Contains...

Cart Items	SKU	Qty	Item Price	Item Total
Items shipped				
Standard CERT Kit without Pry Bar, Caution Tape, Duct Tape				**$8,870.00**

Subtotal:	**$8,870.00**
Shipping:	**$775.00**
Sales Tax:	**0.00**
Grand total:	**$9,645.00**
Payment method::	Debit Card BOA

Don't Delay Prepare Today

EmergencyKits.com - 775 Cochran Street - Suite F - Simi Valley - CA - 9306

Documentation Samples

VOLUNTEER FLORIDA TRAVEL REIMBURSEMENT FORM	STAFF NAME	Tina Candoit	EMPLOYEE ID #		Travel Auth #	
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DATE	Travel Performed From Point of Origin to Destination	Purpose or Reason for Travel	Hour of Departure Or Hour Of Return	Per Diem or Meals	Actual Lodging Expenses	Transport-ation Amount	Map Mileage Claimed	Vicinity Mileage Claimed	Other Expenses	
									Amount	Description
10/13/2025	Tallahassee, FL to Jacksonville, FL	Basic CERT Training	7am	$30.00						
10/14/2025		Basic CERT Training		$19.00						
10/15/2025	Jacksonville, FL to Tallahassee, FL	Basic CERT Training	4pm	$54.00						

NOTES:
Hotel provided breakfast on 10/14 and 10/15 and Lunch was provided at training on 10/14/2025.

Column Total	Column Total	Column Total	0 mi @ $0.445 per mi	0 mi	Column Total	Summary Total
$103.00	$0.00	$0.00	$0.00	$0.00	$0.00	$103.00
NON-ALLOWABLE PURCHASING CARD CHARGES						$0.00
NET AMOUNT DUE TRAVELER						$103.00

TRAVEL PERFORMED BY RENTAL CAR OR AIRLINE - *DIRECT BILL ONLY*
THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN COMMON CARRIER IS BILLED DIRECTLY TO VOLUNTEER FLORIDA

Date	Ticket Number	From	To	Amount	Name of Common Carrier
10/13/2025 - 10/16/2025		Jacksonville, FL	Tallahassee, FL	81.00	Enterprise

VOLUNTEER FLORIDA ISSUED PURCHASING CARD CHARGES
THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN TRAVEL RELATED EXPENSES ARE PAID BY USING THE VOLUNTEER FLORIDA PURCHASING CARD

Date	Merchant/Vendor	Description of Item Acquired	Amount of Charge
10/13/2025 - 10/15/2025	Embassy Suites	Hotel for Training	$400.00

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention was directly related to official duties of Volunteer Florida; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter and same conforms in every respect with the requirements of section 112.061, Florida Statutes.

FORM PREPARED BY:	Rechell Johnson	**TITLE:**	Financial Analyst II	**DATE:**	10/16/2025
STAFF SIGNATURE:	*Tina Candoit*	**TITLE:**	Financial Analyst	**DATE:**	10/16/2025
SUPERVISORS SIGNATURE:	*Trasie Lambright*	**TITLE:**	Deputy Finance Director	**DATE:**	10/17/2025
VF AUTHORIZED SIGNATURE:	*Jason Norris*	**TITLE:**	Chief Financial Officer	**DATE:**	10/17/2025

Documentation Samples

VOLUNTEER FLORIDA – VOLUNTEER HOURS DOCUMENTATION

GRANTEE ORGANIZATION: _____

Authorizing Official: _____ Email: _____

Signature: _____

The below volunteer performed the listed service(s) on the specified date(s) and times:

VOLUNTEER DATA:

Volunteer's Name (Print): _____

Volunteer's Email: _____ Phone #: _____

Date(s) of Service	Location of Service	Volunteer Services Performed	Total Hours Served

TOTAL HOURS:

Documentation Samples

CERT Volunteer Service Record

Date:

Location: Time:

#	Volunteer Name (Print)	Signature	Date	Time In (Military time)	Time Out (Military time)	Total Hours
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

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 a signature and date and should be sent directly to your VF Program Manager for review and approval.
  - Budget Revision Requests 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)

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Budget Revision

- All Budget Revision Requests and justification of the request **MUST** be submitted to your VF Program Manager for review and approval.
- Grantees may submit a **maximum of two (2)** Budget Revision Requests per contract year.
- Final Budget Revision Requests must be received by your VF Program Manager no later than June 30, 2026.
- Grantees must respond to any request for clarification within **5 business days** or the Budget Revision Request will be voided and a new request will need to be submitted to be considered.

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10% Rule for Revisions

If you are adding a line or expense that is not already in the approved budget you must complete a Budget Revision Request Form and have it approved prior to purchasing items;

If the line or expense is already in approved budget but the cost exceeds 10% or less than the total budget, a revision would not be necessary;

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Budget Revisions
10% Rule Explained

The 10% rule refers to if adjustments are needed to the **already** approved budget and do not exceed 10% of the total budget, then a formal revision request is not required.

So, for example, let's say your total budget is $20,000, and say you budgeted $500 in Travel, but your travel is actually $1,200 (difference of $700), then since the difference is less than 10% of the total budget, you would not have to complete a budget revision request for this.

This does not change your budget amounts in any category; it would just show that you overspent the already approved line items by an amount under the 10% threshold allowable. Again, this would not change your budget amounts in any category.

Adding a line item in the budget is **NOT** included in the 10% rule. To add something to your budget would require a Budget Revision because that expense was not originally included in your original budget.

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Budget Revision Request Form

LEAD AGENCY:										
PROGRAM:										
PROGRAM YEAR:	2025-2026									
DATE REVISION SUBMITTED:										
	Original Budget			Budget Changes			Revised Budget			Justifications and Calculations
				(+) Increases/(-) Decreases						
	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	
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$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. 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										
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$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	**$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**	
APPROVED BY:										
Date Revision Request sent to VF:										

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 and date is acceptable.
- All requested revisions must include justifications 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.

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Budget Revision Request Form

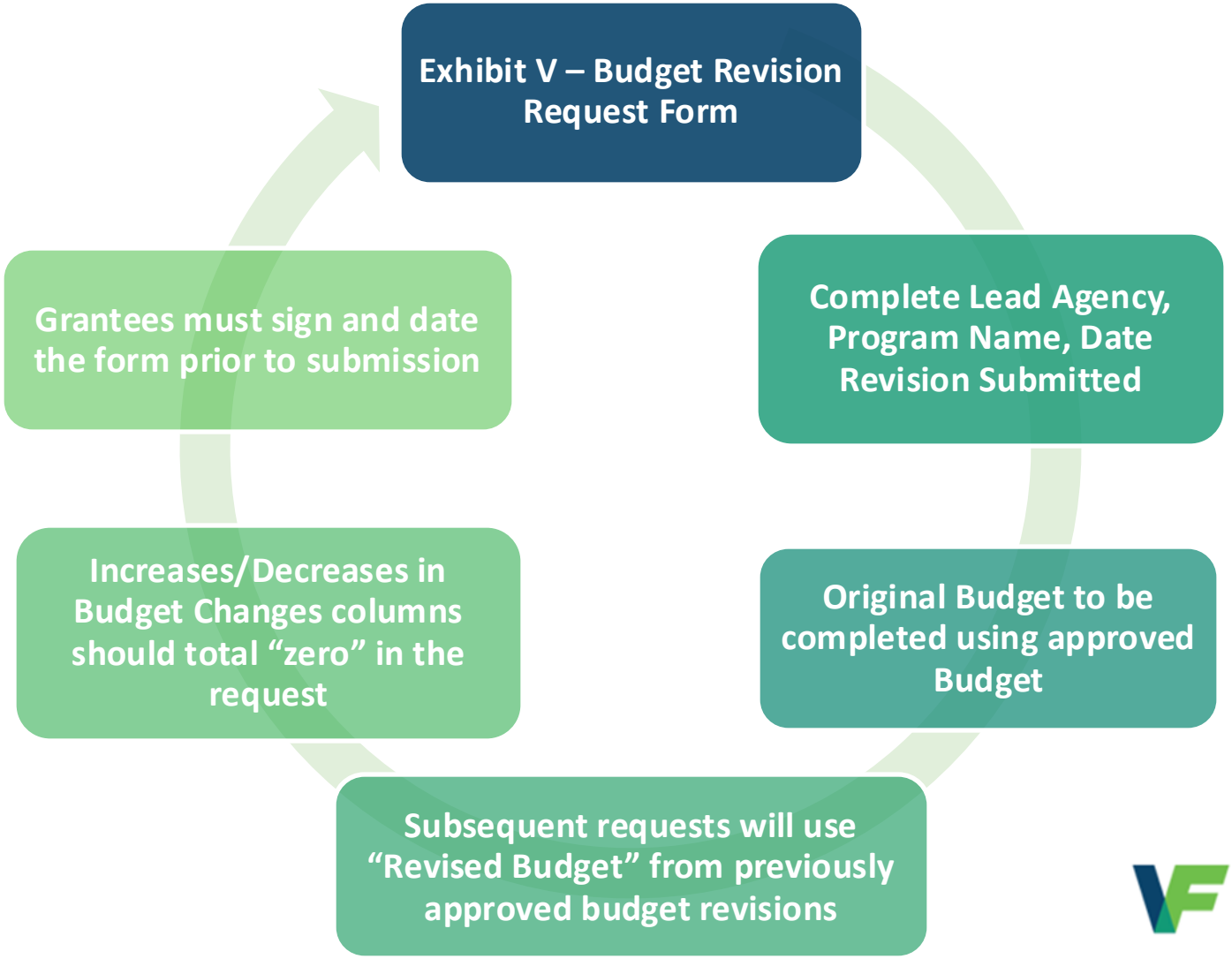
LEAD AGENCY:	Volunteers R Us											
PROGRAM:	Leading Today Branch											
PROGRAM YEAR:	2025-2026											
DATE REVISION SUBMITTED:												
	Original Budget				Budget Changes				Revised Budget			Justifications and Calculations
					(+) Increases/(-) Decreases							
	CERT	Match	Total		CERT	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												
Background Checks	$0.00	$0.00	$0.00		$300.00	$0.00	$300.00		$300.00	$0.00	$300.00	Adding background checks cost for new volunteers $30 each x 100 checks = $300
	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00		$0.00	$0.00	$0.00	
	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00		$0.00	$0.00	$0.00	
	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00		$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**		**$300.00**	**$0.00**	**$300.00**		**$300.00**	**$0.00**	**$300.00**	
C. Equipment Costs												
CERT Shirts	$1,815.00	$0.00	$1,815.00		$0.00	$0.00	$0.00		$1,815.00	$0.00	$1,815.00	
CERT Banners	$300.00	$0.00	$300.00		($300.00)	$0.00	($300.00)		$0.00	$0.00	$0.00	
CERT Hats	$1,185.00	$0.00	$1,185.00		$0.00	$0.00	$0.00		$1,185.00	$0.00	$1,185.00	
	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00		$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	**$3,300.00**	**$0.00**	**$3,300.00**		**-$300.00**	**$0.00**	**-$300.00**		**$3,000.00**	**$0.00**	**$3,000.00**	

Budget Revision Request Form

D. Training Costs										
FL CERT Association Scholarships	$2,500.00	$0.00	$2,500.00		$0.00	$0.00	$0.00		$2,500.00	$0.00	$2,500.00
FL CERT Conference Hotel Rooms	$4,200.00	$0.00	$4,200.00		$0.00	$0.00	$0.00		$4,200.00	$0.00	$4,200.00
Volunteer Hours	$0.00	$10,000.00	$10,000.00		$0.00	$0.00	$0.00		$0.00	$10,000.00	$10,000.00
	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00		$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. Subtotal Training Costs	**$6,700.00**	**$10,000.00**	**$16,700.00**		**$0.00**	**$0.00**	**$0.00**		**$6,700.00**	**$10,000.00**	**$16,700.00**
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										
	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00		$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00		$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00		$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00		$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	**$10,000.00**	**$10,000.00**	**$20,000.00**		**$0.00**	**$0.00**	**$0.00**		**$10,000.00**	**$10,000.00**	**$20,000.00**

APPROVED BY:	TL
Date Revision Request sent to VF:	10/15/2025

Budget Revisions



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Invoice Submission Process

- You will submit your quarterly invoices via the Laserfiche Portal including the PER invoice coversheet and all supporting documentation **no later than** 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 **must** 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 be delayed if clarifications or further documentation is needed.

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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 **5 business days** to submit requests back to the VF office.

- If revisions are not received within the **5 business days**, 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.

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Questions? Comments? Concerns?

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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

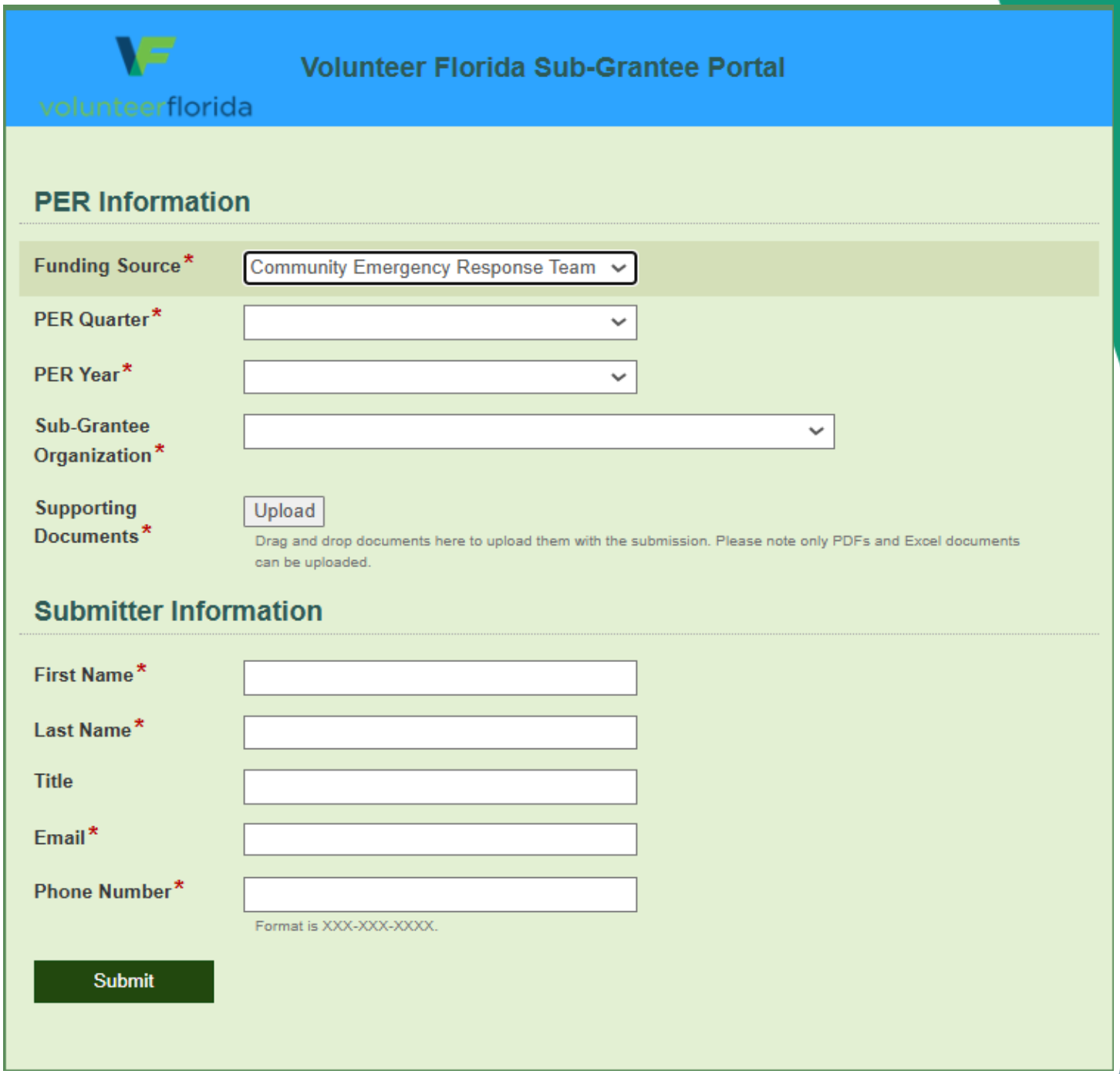
Understand How to Use the Invoice Update Portal

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 quarter**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Volunteer Florida Sub-Grantee Portal
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

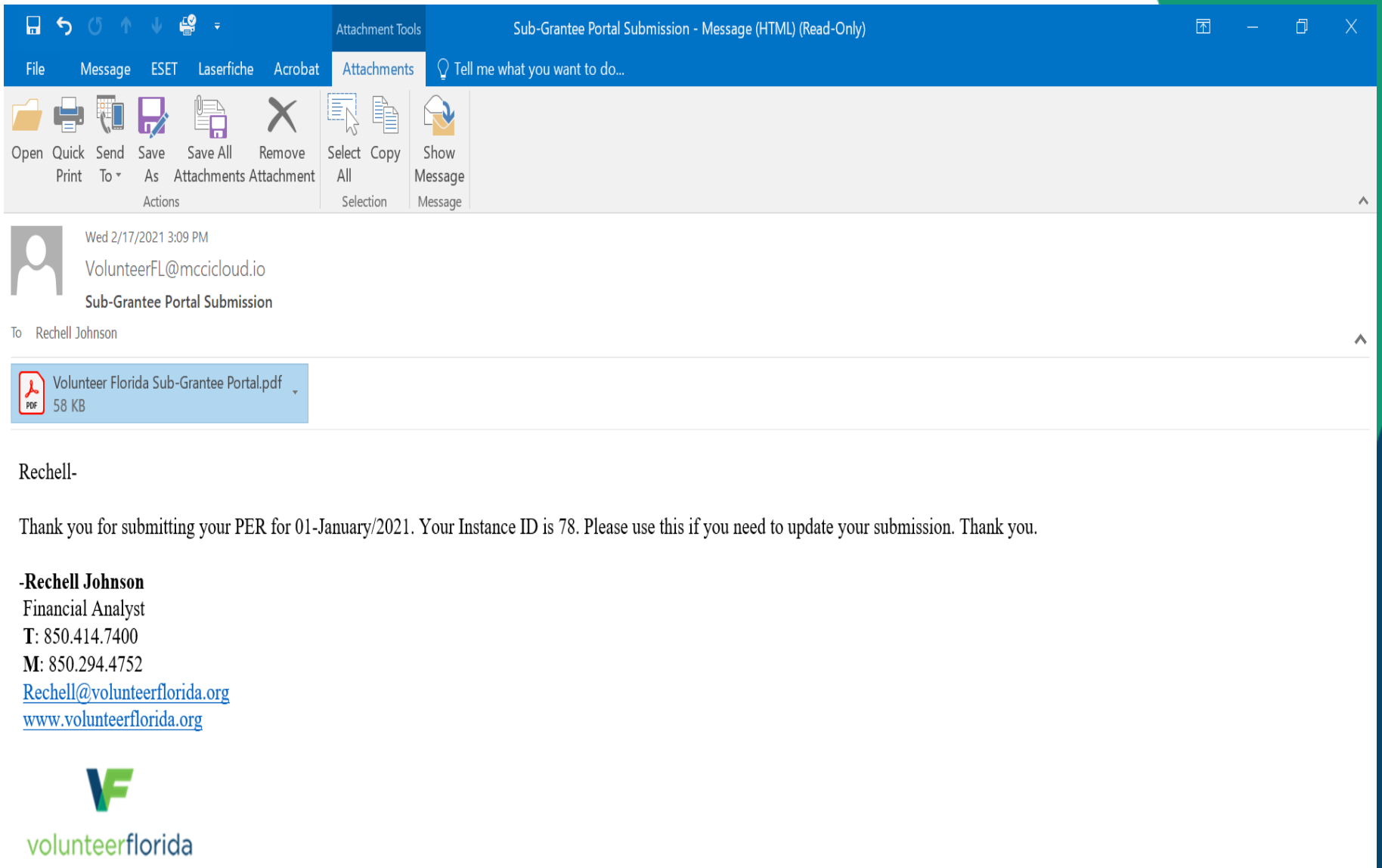
Step-by-Step PER Information

- Choose your funding source by clicking on the dropdown arrow *(Community Emergency Response Team)*
- *Choose PER Quarter by clicking on the dropdown arrow (Q1, Q2, Q4, Q4)*
- Choose PER Year by clicking on the dropdown arrow *(2025-2026)*
- 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)

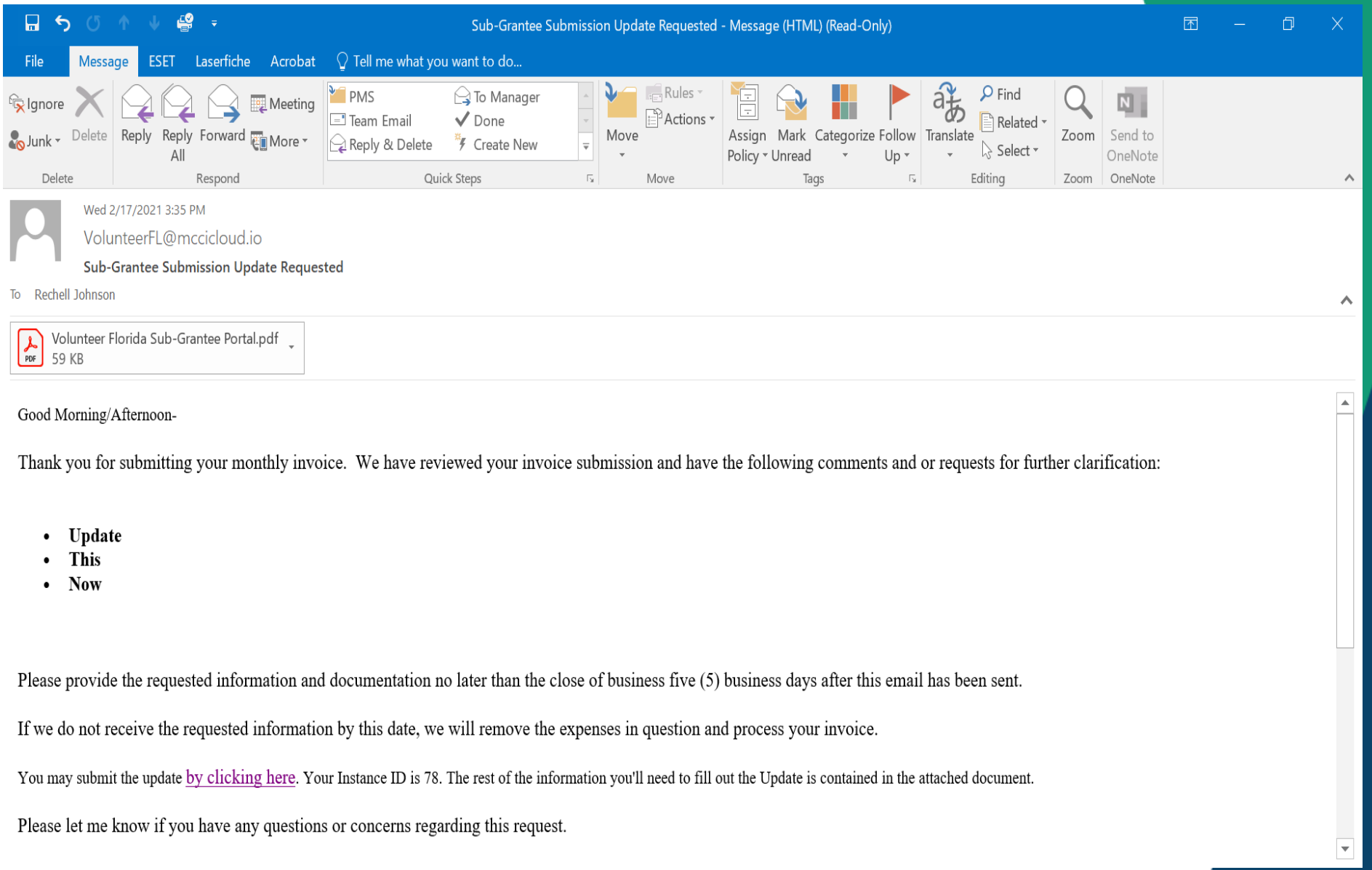
Step-by-Step Submitter Information

- 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



Sample Submission Update Requested Email



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*	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

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Finance Contact Information

Tracie Lambright
Deputy Finance Director
Tracie@volunteerflorida.org
(850) 294-3856

Nicholas Revell
Financial Analyst II
Nicholas@volunteerflorida.org
(850) 354-9114

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