

DATES ISSUED: July 15, 2009, November 15, 2011, May 9, 2018

DATE RE-ISSUED: August 3, 2018– DWP/MFIP/SNAP Employment Services Division Manager

SUBJECT: Grant Expenditures

BACKGROUND:

Ramsey County Workforce Solutions (WFS) receives federal and state funds for the delivery of Public Assistance Programs. WFS as the administrative entity for these funds must approve any expenditures incurred by Ramsey County MFIP-ES or any other contracting providers, and must report such expenditures to the Minnesota Department of Human Services or Minnesota Department of Employment and Economic Development in accordance with applicable legislation, rules and regulations.

PURPOSE:

This memo defines a clear process by which MFIP-ES provider's Public Assistance Program partners grant expenditures are allowed, reported, and approved. This memo should be implemented in accordance with Section 4, Cost/Payments, of the agency contract.

POLICY AND GUIDELINES:

A. Authorization Process

1. **All requests**, reimbursement and budget modification, must be signed by the agency's authorized official. Each provider will be asked to designate a person who will serve as the secondary signature in the case when the primary signatory is absent. The name and title of the individual must be printed on the line below the signature.
2. A line for a second signature is on the Invoice and Budget Modification. The designated "second signature" is the choice of the provider.
3. Per current procedure, all Invoices and Budget Modifications must be signed, printed, saved as a .pdf, scanned, and attached, sent to the e-mail ws.vendors@co.ramsey.mn.us by **the 15th of the month**. Payments are likely processed within 30 days of receipt of invoice. These rules don't apply to the December invoice. You will receive notification in December with specific instructions and dates for submitting your final December invoice.
4. **All invoices must be submitted only using WFS' authorized Invoice Form**. The approval decision (by Lead Planner) and payment will be made for actual costs incurred during the prior calendar month. WFS will not approve submissions without required backup documentation.
5. Use the WFS' Budget Modification Form to request budget line item changes. The decision (by Lead Planner) to approve or deny the request will be made within 10 working days of submission. WFS may request supplemental information concerning any budget modification request.
6. The WFS' authorized Monthly Invoice Form and Budget Modification Form can be accessed: <https://www.ramseycounty.us/sites/default/files/Work%20with%20Ramsey/2018%20Budget%20and%20Modification%20Form.xlsx>

B. Backup Documentation Required for Reimbursement

1. A copy of a detailed general ledgers is required by WFS for each grant. The general ledgers must be submitted monthly along with the invoice. The general ledgers should include adjusting/expense corrections journal entries made for the month reimbursement is requested for.

2. Detailed information for participant support service expenditures **must also be sent along with the invoice.**
3. **Itemized expenditures on the Invoice Form must match the backup information.**
4. Backup information is required to approve a request for reimbursement (see examples of required information on page 4). WFS will not approve submissions without required backup information.
5. **Additional examples of full supporting documentations include:**
 - Timesheet/Payroll and labor distribution records for each employee charged to the grant or sub-grant
 - Purchase requests and purchase documents
 - Receiving documents/packing slips
 - Copies of receipts
6. MFIP-ES staff must follow the [Participant Support Services Funds Policy Memo #WS2015-03](#) when payments are issued to participants.

C. Submitting Requests for Invoice and Budget modification:

1. Invoices must be signed by the agency's authorized official, scanned and e-mailed along with the backup documentations. Invoices without the appropriate signature and backup information will not be processed.
2. Backup information must be attached to the e-mail. Agencies may report participant support services using an MS Word or Excel. (for example: see page 4)
3. Agencies must submit invoices and the corresponding backup information by e-mail to ws.vendors@co.ramsey.mn.us with the agency name/program name and reporting month included in the subject line.
4. Budget Modification requests must be submitted by e-mail to ws.vendors@co.ramsey.mn.us with the agency/program name and "Budget Modification" included in the subject line.

D. Expenditure Restrictions

1. Only expenditures made in accordance with the approved budget will be paid.
2. All cost and expenditures must occur during the grant/contract period: January 1 – December 31.
3. Expenditures are not allowed to be carried over to the next contract year (e.g. purchase of bus/gas cards must be made only to be used during the grant/contract period).
4. Food and beverage expenditures for client and/or staff-only events must be within the amount budgeted in the contract and limited to three dollars (\$3.00) per client and/or staff.
5. Administration expenditures are capped at 5% of the total grant/contract allocation.
6. For budget modification requests, the administration line item may be decreased, but it cannot be increased unless the original amount was below 5% of the total allocation.

E. Expenditure Categories

1. Direct Program – the direct costs of providing counseling, job search, job placement, job retention, participant overview, interpreter costs and any other direct expenses including wages, benefits, travel, office, telephone, durable and non-durable supplies. *These costs are considered non-assistance.*
2. Client Support Services – refer to the Participant Support Services Funds Policy Memo #WS2015-03 for costs/expenditures included.
3. Categories of "Culturally Specific Offerings", "MI and Coaching Circles", and "TWE Participant Wages" and "TWE Participant Fringe" are on the Invoice Form. Not all ES Providers will use all of these categories; refer to the current program contracts for more details.
4. Definitions –

- Non-Assistance – payments to or on behalf of non-working participants that meet all three of the emergency criteria as well as payments to or on behalf of working participants.
- Assistance –payments to or on behalf of *non-working participants that do not meet all three emergency criteria*.
- Working Participants – includes all permanently, temporarily, or occasionally employed participants, as well as participants that have a job start pending, during a fiscal reporting period.
- Emergency Criteria – to qualify as an emergency, all three criteria must be true.
 1. There is a qualifying emergency episode,
 2. The emergency is expected to be resolved within 4 months, and
 3. The emergency is not EXPECTED to recur.

F. Request to Unencumber Funds

1. The County may unencumber the provider’s funds for the purpose of reallocating funds to other contractors if the County has determined that the agency will not expend the funds allotted during the term of the agreement.
2. Provider will be required to submit a budget modification form for unencumbered funds.
3. Planner will communicate with provider once budget modification is approved.
4. Provider will adjust budget on their monthly invoice to reflect the approved budget modification.

G. Request to Encumber Funds

1. The County may reallocate funds if there are funds to be expended through the year.
2. Provider may request by providing justification/explanation for encumbered funds to the assigned Agency Planner.
3. If request is approved, the Provider submits a revised budget modification form to agency planner.
4. Planner will amend agreement to include updated budget for review and approval.
5. Budget will be effective once amendment agreement has been signed by all parties.
6. Provider will adjust budget on their monthly invoice to reflect the approved budget modification.

H. Annual Certified Financial Audit

1. Annually, the provider is required to submit a copy of their certified financial audit to WFS.
2. The provider is also required to submit a copy of their certified financial audit to WFS in preparation of initial contract or amendment.

CONTACT PERSON: Agency Lead Planner - For questions related to this policy, agency budget, and invoice submission, payment processing

Example of Client Support Services Backup Information

Grant Name: _____
 Subgrantee Name: _____
 Reported Period From: _____
 To: _____

WF1#	Last Name	First Name	Day Issued	Education	Transportation Non-Assistance	Transportation Assistance	Work Related	Housing	Other/ Incentives, Voc Assess.	Participant Activity
1111111	Do	Jane	5/09/09			\$85.00				work
1111111	Do	Jane	5/22/09	\$750.00			\$15.00			training
Total:				\$750.00	\$0.00	\$85.00	\$15.00	\$0.00	\$0.00	

For Transitional Work Experience Providers ONLY
Example of Wage and Fringe Backup Information

Agency Name: _____ June Wage report
 Date: 7/9/09 Wage Statement
 2 Payroll periods

Last	First	SS#	Period wk end	Pay date	Hours WK	Hourly wage	Gross wage	Year-to-date	Fica	Worker comp	TWE 01 Public sector	TWE 02 Private sector
Do	Jane	123456789	06/06/09	06/12/09	26.00	7.25	188.50	3,913.13	0	0.00		x
Do	Jane	123456789	06/20/09	06/26/09	45.00	7.25	326.25	1,160.01	0	0.00		x