

DATE ISSUED: July 15, 2009

TO: Ramsey County MFIP-Employment Services (MFIP-ES) Staff

FROM: Joan Truhler, DWP/MFIP Employment Services Division Manager

SUBJECT: Grant Expenditures

BACKGROUND

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

PURPOSE

This memo defines a clear process by which MFIP-ES provider's 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

- **All requests**, reimbursement and budget modification, must be signed by the agency's authorized official. The name and title of the individual must be printed on the line below the signature.
- Request for reimbursement is due **NO LATER than the 15th day of each month for the first 11 months of the program year. The December invoice is due no later than the 10th of January of the following year.**
- **All invoices must be submitted only using WFS' authorized Invoice Form.** The approval decision (by Lead Planner) and payment will be made within 35 days of receipt for actual costs incurred during the prior calendar month. WFS will not approve submissions without required backup documentation.
- 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.
- The WFS' authorized Monthly Invoice Form and Budget Modification Form can be accessed at the Provider Page: http://www.co.ramsey.mn.us/workforce/Provider_Forms.htm

B- Backup Documentation for Reimbursement

- A copy of the general ledger may be required by WFS for each grant. Agencies will receive a separate request when the general ledger is needed along with invoices.
- Detailed information for participant support service expenditures **must be sent along with the invoice.** Itemized expenditures on the Invoice Form must match the backup information.

- Backup information is required to approve a request for reimbursement (see examples of required information on page 5). WFS will not approve submissions without required backup information.
- MFIP-ES staff must follow the Participant Support Funds Policy Memo #WS2009-13 when payments are issued to participants.

C- Submitting Requests:

- Invoices must be signed by the agency's authorized official, scanned and sent electronically along with the backup information. Invoices without the appropriate signature and backup information will not be processed.
- Backup information must be attached to the e-mail. Agencies may report participant support services using a MS Word or Excel doc.
- 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.
- 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

- Only expenditures made in accordance with the approved budget will be paid.
- All cost and expenditures must occur during the grant/contract period: January 1 – December 31. For Transitional Work Experience contracts: July 1 – June 30.
- 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).
- 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.
- Administration expenditures are capped at 5% of the total grant/contract allocation.
- 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

- 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.*
- Administration – includes all proper costs of administering and managing a program which do not fall into Direct Program costs. Administration includes wages and benefits for staff that do not provide direct services (e.g. support and clerical staff, accounting and management staff).
- Client Support Services – refer to the Participant Support Funds Policy Memo #WS2009-13 for costs/expenditures included.
- 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.

Revised Date: November 15, 2011

Contact Person: For questions related to this policy, agency budget, and invoice submission contact:
The Agency Lead Planner.

For questions related to payment processing contact:
Greg.Jorgensen@co.ramsey.mn.us

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
111111	Do	Jane	5/9/09			\$85.00				work
111111	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	06/06/2009	06/12/2009	26.00	7.25	188.50	3,913.13	0	0.00		x
Do	Jane	123456789	06/20/2009	06/26/2009	45.00	7.25	326.25	1,160.01	0	0.00		x