



State Court Administrative Office

Submitting Claims for Problem-Solving Courts and Swift and Sure Sanctions Probation Program Grants

February 2020

INDEPENDENCE · ACCESSIBILITY · ENGAGEMENT · EFFICIENCY

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Submitting Claims

Each quarter claims are due in WebGrants. (To review due dates visit the Opportunity link on the WebGrants Grants Component page of your grant.) Each section (Request Summary Documentation, Personnel and Fringe Documentation, Contractual Documentation, Medication Assisted Treatment Documentation, Supplies Documentation, and Travel Documentation) of the claim has required documentation that must be uploaded to support the request for reimbursement.

This guide has been developed to assist Problem-Solving Court (PSC) Programs and Swift and Sure Sanctions Probation Programs (SSSPP) to be familiar with the required backup documentation for State Court Administrative Office (SCAO) grant claims. It will provide examples of the required backup documentation, identify key elements needed in the backup documentation, and give tips to assist in making the SCAO review process less likely to result in negotiating a claim back to the court for a correction.

This document is a guide and is not inclusive of all scenarios that programs encounter. If there are questions regarding backup documentation, please submit them to courtservices@courts.mi.gov. When submitting your questions please be sure to include the grant program you are inquiring about (e.g., Michigan Drug Court Grant Program [MDCGP], Michigan Veterans Treatment Court Grant Program [MVTCGP], Michigan Mental Health Court Grant Program [MMHCGP], Office of Highway Safety Planning Grant Program [OHSP], and Edward Byrne Memorial Justice Assistance Grant [Byrne], or Swift and Sure Sanctions Probation Program [SSSPP]) and the grant number.

Request Summary

The Request Summary is an Excel document where all costs are entered individually in the appropriate category providing totals for each category and an overall total for the PSC and SSSPP grant claim review. The Request Summary is required in order to submit a claim. The Request Summary template can be found in WebGrants by clicking on the claim link in Grant Components, clicking edit, and then clicking on backup documentation.

[Create New Version](#) | [Mark as Complete](#) | [Go to Claim Forms](#)

Request Summary - Upload the claim summary sheet. This document may be a word or excel file and must provide a summary of each invoice or service that is being requested for reimbursement. For a template of the Request Summary (aka Summary Spreadsheet), [click HERE](#). 

Personnel and Fringe Documentation - Individuals whose salary is charged to a grant fall into one of two categories: those who have all of their salary charged to a grant and those who have a portion of their salary charged to a grant. In cases where a portion of an individual's salary is charged to a grant, proper backup documentation includes a time sheet that identifies the portion of the individual's time that was spent on grant-related activities and the portion spent on other activities, even if those other activities are charged to a different grant. The time sheet should include a separate column for each grant and a column for leave time (vacation or sick leave, for example). The number of hours per month will vary depending on the number of days in each month and the placement of weekends. The employee should certify the time sheet is accurate with his or her signature and date. In addition, courts must include a copy of a detailed general ledger, budget and expenditure report, or payroll journal produced by an accounting system for the reporting period as back-up documentation. The documentation must identify each employee being charged to the grant and include detailed entries of the costs incurred in addition to a total. If fringe benefits are charged to a grant, they must be in equal proportion to the hours worked on the grant and the individual benefits and amounts must be identified on the payroll document. For a template time-sheet, [click HERE](#).

Contractual Documentation - Upload all backup documentation that will be requested for reimbursement with this claim. Include only invoices pertaining to this claim.

Attachment	Description	File Name	File Size	Type	Delete?
Request Summary					
Personnel and Fringe Documentation					
Contractual Documentation					
Medication Assisted Treatment Documentation					
Additional Contractual Documentation (If Needed)					
Additional Contractual Documentation (If Needed)					
Supplies Documentation					
Travel Documentation					

Last Edited By:

Tips for Completing a Request Summary

- Request Summary: Enter the court name and number and the grant number as indicated by the red arrows (see Example A). (The grant number is also the ID number in the claim in WebGrants).
- Personnel Documentation: List each staff member individually and then by pay period or by monthly totals as shown in Request Summary Examples A and B.
- Fringe Documentation: List each staff member individually and then by pay period (from the payroll reports), or by the month (from the monthly report), or list totals by benefit (FICA, health, life, etc. from the general ledger) as shown in Request Summary Examples A, B, and C.
- Contractual, Supplies, and Travel Documentation: List each invoice, receipt, or travel log individually on the Request Summary. Do not total invoices, receipts, or travel logs as one amount on the Request Summary. It is recommended that you list each invoice, receipt, or travel log by the same subrecipient, contractor/vendor, or item in chronological order then list the next subrecipient, contractor/vendor, or item in chronological order, and so on.
- If you need additional lines on the Request Summary template, add lines to the document. Make sure the column total formula includes the new lines to ensure accuracy.
- Keep the Request Summary in the Excel format in the upload. Do not PDF/scan the document.
- Keep the supporting documents uploaded in the same order as they appear on the Request Summary spreadsheet in WebGrants.

Sample Request Summaries

Request Summary Example A

Court Name and Number	100th Circuit Court						
Grant Number	12345						
Name	Invoice Date	Personnel	Fringe	Contractual	Supplies	Travel	Total Claim Request
Jane Doe	January	\$ 201.50	\$ 13.98				
	February	\$ 463.45	\$ 301.24				
	March	\$ 241.80	\$ 157.17				
Sam Summer	January	\$ 1,268.00	\$ 824.20				
	February	\$ 2,536.00	\$ 1,648.40				
	March	\$ 1,268.00	\$ 824.20				
Chris Pole	January	\$ 247.00	\$ 160.55				
	February	\$ 494.00	\$ 321.10				
	March	\$ 247.00	\$ 160.55				
Susan Horn	January	\$ 101.50	\$ 25.37				
	February	\$ 203.00	\$ 50.74				
	March	\$ 101.50	\$ 25.37				
Substance Abuse Tx Agency	1005 SBC			\$ 1,250.00			
Substance Abuse Tx Agency	1875 SBC			\$ 2,535.00			
Tethering Services	1/31/2019			\$ 850.00			
Tethering Services	2/28/2019			\$ 550.00			
Tethering Services	3/30/2019			\$ 425.00			
Case Manager JP Riley	1/31/2009			\$ 250.00			
Case Manager JP Riley	2/28/2019			\$ 150.00			
Case Manager Leslie Bill	2/28/2019			\$ 240.00			
Office Supplies	1/31/2019				\$ 54.78		
Drug Testing Supplies	100				\$ 3,010.00		
Bus Passes	14852					\$ 120.00	
Bus Passes	1695					\$ 120.00	
TOTAL		\$ 14,544.00	\$ 9,011.76	\$ 6,250.00	\$ 3,064.78	\$ 240.00	\$ 33,110.54

Request Summary Example B

Court Name and Number	100th Circuit Court						
Grant Number	12345						
Name	Invoice Date	Personnel	Fringe	Contractual	Supplies	Travel	Total Claim Request
Jane Doe	1-6-19 thru 1-19-19	\$ 201.50	\$ 130.98				
	1-20-19 thru 2-2-19	\$ 161.20	\$ 104.78				
	2-3-19 thru 2-16-19	\$ 302.25	\$ 196.46				
	2-17-19 thru 3-2-19	\$ 241.80	\$ 157.17				
Sam Summer	1-6-19 thru 1-19-19	\$ 1,268.00	\$ 824.20				
	1-20-19 thru 2-2-19	\$ 1,268.00	\$ 824.20				
	2-3-19 thru 2-16-19	\$ 1,268.00	\$ 824.20				
	2-17-19 thru 3-2-19	\$ 1,268.00	\$ 824.20				
Chris Pole	1-6-19 thru 1-19-19	\$ 247.00	\$ 160.55				
	1-20-19 thru 2-2-19	\$ 247.00	\$ 160.55				
	2-3-19 thru 2-16-19	\$ 247.00	\$ 160.55				
	2-17-19 thru 3-2-19	\$ 247.00	\$ 160.55				
Susan Horn	1-6-19 thru 1-19-19	\$ 101.50	\$ 25.37				
	1-20-19 thru 2-2-19	\$ 101.50	\$ 25.37				
	2-3-19 thru 2-16-19	\$ 101.50	\$ 25.37				
	2-17-19 thru 3-2-19	\$ 101.50	\$ 25.37				

Request Summary Example C

Jane Doe	January	\$ 201.50				
	February	\$ 463.45				
	March	\$ 241.80				
Sam Summer	January	\$ 1,268.00				
	February	\$ 2,536.00				
	March	\$ 1,268.00				
Chris Pole	January	\$ 247.00				
	February	\$ 494.00				
	March	\$ 247.00				
Susan Horn	January	\$ 101.50				
	February	\$ 203.00				
	March	\$ 101.50				
FICA			\$ 467.37			
Medicare			\$ 109.30			
Retirement			\$ 232.48			

Personnel and Fringe Backup Documentation

It is preferred that the personnel and fringe backup documentation for each staff member charged to the grant shows the name, the hourly rate, the number of hours worked, and the dates/timeframes for the request for reimbursement. The backup documentation can be a general ledger, payroll report, or pay stubs.

Tips for Submitting Personnel Backup Documentation

- The personnel and fringe backup documentation must be generated from an accounting or payroll software program. The software documentation can be exported into Excel but not created in Excel. If the personnel and fringe backup documentation is exported into Excel, please note on the bottom of the document what system the data was exported from (e.g., official report from accounting system).
- Each staff member charged to the grant must appear in the approved budget. The approved budget must show the hourly rate, show the number of hours, identify if the staff member is a full-time employee (FTE) or part-time employee (PTE) of the court, and of FTE/PTE the number of hours dedicated to the grant.
- Show your work. If you have to calculate amounts, show how you arrived at the totals so SCAO can replicate them.

Tips for Submitting Year-End Wages and Fringe

- When the pay period is split between fiscal years, wages and fringe can be paid based on hours worked on the timesheets that are submitted. We understand that payroll may not be paid out before the claim is required to be submitted, but you can submit the timesheet, if required, and show your calculations (e.g., number of hours worked X pay rate = personnel and personnel X fringe rate = fringe. Or final full payroll ÷ 10 X number of days worked for full-time employees). However, if the claim is negotiated back and the payroll has been paid, we will then ask for the general ledger or payroll report to support the hours charged for the final pay period of the fiscal year.

- If the employee uses leave during the split payroll, and timesheets are required, the employee should submit two separate timesheets. The first should only show the beginning of the period to September 30. The other timesheet should only show October 1 to the end of the period. This way, the leave split won't be calculated off of hours worked in the other fiscal year. Both timesheets should be included in both the fourth and first quarter claims.
- The court should verify all hours worked in September, and related fringe, are claimed in the fourth quarter, even if they are paid by the court in October. Claims will not be negotiated back to add these amounts. These amounts will not be reimbursed in the first quarter claim of the next fiscal year.

Sample General Ledger

04/08/2019 11:33 AM		GL ACTIVITY REPORT FOR [REDACTED]		Page: 1/3			
User: [REDACTED]		TRANSACTIONS FROM 01/01/2019 TO 04/04/2019					
Date	JNL	Type	Description	Reference #	Debits	Credits	Balance
Fund 211.01	[REDACTED]		COURT DRUG TREATMENT GRANT				
01/01/2019			211.01-000-704.000 PERMANENT SALARIES		BEG. BALANCE		0.00
01/10/2019	PR	CHK	SUMMARY PR 01/10/2019		1,093.44		1,093.44
01/10/2019	GJ		REVERSE PAYROLL ACCRUAL 12150	12151		544.00	549.44
01/24/2019	PR	CHK	SUMMARY PR 01/24/2019		1,373.60		1,923.04
02/07/2019	PR	CHK	SUMMARY PR 02/07/2019		1,373.60		3,296.64
02/21/2019	PR	CHK	SUMMARY PR 02/21/2019		1,373.60		4,670.24
03/07/2019	PR	CHK	SUMMARY PR 03/07/2019		1,373.60		6,043.84
03/21/2019	PR	CHK	SUMMARY PR 03/21/2019		1,373.60		7,417.44
04/04/2019	PR	CHK	SUMMARY PR 04/04/2019		1,373.60		8,791.04
04/04/2019			211.01-000-704.000		END BALANCE	544.00	8,791.04
01/01/2019			211.01-000-715.000 FICA		BEG. BALANCE		0.00
01/10/2019	PR	CHK	SUMMARY PR 01/10/2019		56.70		56.70
01/10/2019	GJ		REVERSE PAYROLL ACCRUAL 12150	12151		33.73	22.97
01/24/2019	PR	CHK	SUMMARY PR 01/24/2019		74.07		97.04
02/07/2019	PR	CHK	SUMMARY PR 02/07/2019		74.06		171.10
02/21/2019	PR	CHK	SUMMARY PR 02/21/2019		74.07		245.17
03/07/2019	PR	CHK	SUMMARY PR 03/07/2019		74.07		319.24
03/21/2019	PR	CHK	SUMMARY PR 03/21/2019		74.07		393.31
04/04/2019	PR	CHK	SUMMARY PR 04/04/2019		74.06		467.37
04/04/2019			211.01-000-715.000		END BALANCE	33.73	467.37
01/01/2019			211.01-000-716.000 MEDICARE		BEG. BALANCE		0.00
01/10/2019	PR	CHK	SUMMARY PR 01/10/2019		13.26		13.26
01/10/2019	GJ		REVERSE PAYROLL ACCRUAL 12150	12151		7.89	5.37
01/24/2019	PR	CHK	SUMMARY PR 01/24/2019		17.32		22.69
02/07/2019	PR	CHK	SUMMARY PR 02/07/2019		17.32		40.01
02/21/2019	PR	CHK	SUMMARY PR 02/21/2019		17.33		57.34
03/07/2019	PR	CHK	SUMMARY PR 03/07/2019		17.32		74.66
03/21/2019	PR	CHK	SUMMARY PR 03/21/2019		17.32		91.98
04/04/2019	PR	CHK	SUMMARY PR 04/04/2019		17.32		109.30
04/04/2019			211.01-000-716.000		END BALANCE	7.89	109.30
01/01/2019			211.01-000-718.000 RETIREMENT		BEG. BALANCE		0.00
01/10/2019	GJ		REVERSE PAYROLL ACCRUAL 12150	12151		35.36	(35.36)
03/07/2019	PR	CHK	SUMMARY PR 03/07/2019		89.28		53.92
03/21/2019	PR	CHK	SUMMARY PR 03/21/2019		89.28		143.20
04/04/2019	PR	CHK	SUMMARY PR 04/04/2019		89.28		232.48
04/04/2019			211.01-000-718.000		END BALANCE	35.36	232.48
01/01/2019			211.01-000-861.000 SEMINARS & EDUCATION		BEG. BALANCE		0.00
01/08/2019	CD	CHK	MICHIGAN ASSOCIATION OF TREATMENT	157153	915.00		915.00
01/09/2019	CD	CHK	MICHIGAN ASSOCIATION OF TREATMENT	157163	305.00		1,220.00
04/04/2019			211.01-000-861.000		END BALANCE	0.00	1,220.00
TOTAL FOR FUND 211.01 [REDACTED] DRUG TREATMENT GRANT					11,441.17	620.98	10,820.19

Sample Payroll Report

07/05/2016 14:30		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]				
DETAIL CHECK HISTORY				BY EMPLOYEE NAME				04/01/2016 to 06/30/2016				
ORG	OBJ	FROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
007170	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Check Date: 04/08/2016				LOC: 506				ORG: 10113005				
10113005	704000		506	0701	000511423	100 REG SA	54.00	1,225.98				
10113005	704000		110	0701	000511423	400 HOLIDAY	6.00	136.22				
10113005	706000		110	0701	000511423	200 OT1.0	10.00	227.03				
			506		000511423				2910	HRP	150.00	0.00
			506		000511423				3000	FED WH	107.43	0.00
			506		000511423				4000	ST TK	54.52	0.00
			506		000511423				5001	CTY WK	6.41	0.00
			506		000511423				6000	ENROLL	0.00	0.00
			506		000511423				8841	LJASCO	0.00	0.00
			506		000511423				9993	DDNET	892.92	0.00
10113005	714000		506		000511423				8951	UNEMPL	0.00	7.98
10113005	715000		506		000511423				1000	FICA	98.53	98.53
10113005	715000		506		000511423				1100	MEDICA	23.04	23.04
10113005	716000		506		000511423				8952	RRR CG	0.00	126.79
10113005	716040		506		000511423				8955	RRHLTR	0.00	71.52
10113005	718000		506		000511423				7107	MERSIS	156.38	298.41
10113005	722000		506		000511423				8810	RRKCLD	0.00	3.58
CHECK 04/08/2016 TOTALS:				NET:		992.92	70.00	1,589.23			1,589.23	509.42
Check Date: 04/22/2016												
10113005	704000		506	0701	000512604	100 REG SA	80.00	1,362.20				
10113005	706000		110	0701	000512604	200 OT1.0	11.00	249.74				
10113005	716030		506	0701	000512604	880 HLMVR	0.00	122.46				
			506		000512604				2910	HRP	150.00	0.00
			506		000512604				3000	FED WH	128.87	0.00
			506		000512604				4000	ST TK	60.60	0.00
			506		000512604				5001	CTY WK	7.13	0.00
			506		000512604				6000	ENROLL	0.00	0.00
			506		000512604				8841	LJASCO	0.00	0.00
			506		000512604				9455	ICRSLD	34.06	0.00
			506		000512604				9990	DDNET	1,062.45	0.00
10113005	714000		506		000512604				8951	UNEMPL	0.00	8.47
10113005	715000		506		000512604				1000	FICA	107.53	107.53
10113005	715000		506		000512604				1100	MEDICA	25.15	25.15
10113005	716000		506		000512604				8952	RRR CG	0.00	126.79
10113005	716040		506		000512604				8955	RRHLTR	0.00	70.05
10113005	718100		506		000512604				2700	DENTAL	0.00	73.52
10113005	718200		506		000512604				2710	VISION	0.00	10.13
10113005	718000		506		000512604				7107	MERSIS	158.61	262.10
10113005	722000		506		000512604				8810	RRKCLD	0.00	3.47
CHECK 04/22/2016 TOTALS:				NET:		1,062.45	71.00	1,734.40			1,734.40	699.71
Check Date: 05/06/2016												
10113005	704000		506	0701	000513800	100 REG SA	60.00	1,362.20				
10113005	706000		110	0701	000513800	200 OT1.0	10.00	227.03				
			506		000513800				2910	HRP	150.00	0.00
			506		000513800				3000	FED WH	107.43	0.00
			506		000513800				4000	ST TK	54.52	0.00
			506		000513800				5001	CTY WK	6.41	0.00

Sample Payroll Report (continued)

07/05/2016 14:30 [REDACTED] | P 3

[REDACTED] | DETAIL CHECK HISTORY

BY EMPLOYER NAME
04/01/2016 to 06/30/2016

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
007170	[REDACTED]											
LOC: 506 ORG: 10113005												
Check Date: 06/17/2016												
10113005	704000		506	0701	000517518	100 REG SA	54.00	1,225.98				
10113005	704000		110	0701	000517518	400 HOLIDAY	6.00	136.23				
10113005	706000		110	0701	000517518	200 OTL.0	10.00	227.03				
10113005	716030		506	0701	000517518	890 HLMVR	0.00	122.46				
			506		000517518				2910	NRS	150.00	0.00
			506		000517518				3000	FED WH	125.00	0.00
			506		000517518				4000	ST TX	59.73	0.00
			506		000517518				5001	CTY WK	7.03	0.00
			506		000517518				6000	ENROLL	0.00	0.00
			506		000517518				8841	LIASCO	0.00	0.00
			506		000517518				9455	ICEAUD	34.06	0.00
			506		000517518				9990	DDNET	1,047.75	0.00
10113005	714000		506		000517518				8951	UNEMPL	0.00	8.56
10113005	718000		506		000517518				1000	PICA	106.12	106.12
10113005	715000		506		000517518				1100	MEDICA	24.82	24.82
10113005	716035		506		000517518				8952	REE CO	0.00	126.79
10113005	716040		506		000517518				8955	REHLTR	0.00	77.03
10113005	716100		506		000517518				2700	DENTAL	0.00	73.82
10113005	716200		506		000517518				2710	VISION	0.00	10.13
10113005	718000		506		000517518				7107	MERS18	155.38	258.41
10113005	722000		506		000517518				8810	RSKCLE	0.00	3.42
CHECK 06/17/2016 TOTALS:					NET:		1,047.75	70.00	1,711.69		1,711.69	689.10
EMPLOYEE TOTALS:					NET:		6,136.71	421.00	9,925.47		9,925.47	3,842.17
GRAND TOTALS:					NET:		6,136.71	421.00	9,925.47		9,925.47	3,842.17

** END OF REPORT - Generated by [REDACTED] **

9,925.47 3,842.17
wages benefits

Timesheets

Timesheets must be submitted in the claim for all staff members who have their time split among different funding sources. Split funding means wages and benefits that are paid by more than one grant, paid by a grant and local funding, or paid by any combination of multiple grants and/or local funding. SCAO developed a template timesheet that is required by all courts to use when staff members charged to the grant have their time split among different funding sources. The timesheet template can be found in WebGrants by clicking on the claim link in Grant Components, clicking Edit, and then clicking on Backup Documentation. Courts that have an accounting or payroll system that automatically splits the time and prorates leave (includes vacation, sick, holiday, closures, etc.) may use their own document in lieu of the timesheet created by SCAO.

Backup Documentation [Create New Version](#) | [Mark as Complete](#) | [Go to Claim Forms](#)

Request Summary - Upload the claim summary sheet. This document may be a word or excel file and must provide a summary of each invoice or service that is being requested for reimbursement. For a [template of the Request Summary \(aka Summary Spreadsheet\)](#), click [HERE](#).

Personnel and Fringe Documentation - Individuals whose salary is charged to a grant fall into one of two categories: those who have all of their salary charged to a grant and those who have a portion of their salary charged to a grant. In cases where a portion of an individual's salary is charged to a grant, proper backup documentation includes a time sheet that identifies the portion of the individual's time that was spent on grant-related activities and the portion spent on other activities, even if those other activities are charged to a different grant. The time sheet should include a separate column for each grant and a column for leave time (vacation or sick leave, for example). The number of hours per month will vary depending on the number of days in each month and the placement of weekends. The employee should certify the time sheet is accurate with his or her signature and date. In addition, courts must include a copy of a detailed general ledger, budget and expenditure report, or payroll journal produced by an accounting system for the reporting period as back-up documentation. The documentation must identify each employee being charged to the grant and include detailed entries of the costs incurred in addition to a total. If fringe benefits are charged to a grant, they must be in equal proportion to the hours worked on the grant and the individual benefits and amounts must be identified on the payroll document. For a [template time-sheet](#), click [HERE](#).

Contractual Documentation - Upload all backup documentation that will be requested for reimbursement with this claim. Include only invoices pertaining to this claim.

Attachment	Description	File Name	File Size	Type	Delete?
Request Summary					
Personnel and Fringe Documentation					
Contractual Documentation					
Medication Assisted Treatment Documentation					
Additional Contractual Documentation (If Needed)					
Additional Contractual Documentation (If Needed)					
Supplies Documentation					
Travel Documentation					

Last Edited By

Long-Term or Maternity Leave

SCAO has developed a policy on how long-term or maternity leave may be applied to SCAO grants. When the situation arises where long-term or maternity leave is needed, please contact the Problem-Solving Court analyst who oversees the grant you are inquiring about. They will provide you with the SCAO policy.

Tips for Completing the Timesheet

- Timesheets must be submitted in the claim for all staff members who have their time split among different funding sources.
- Timesheets must show all hours worked by funding source, not just grant hours.
- All leave must appear as actual hours on the timesheet, even if you do not claim leave.
- Timesheets may be tracked by pay period or by the month. (The template has tabs with both options available.)
 - Only time within the quarter or year-end that falls within the quarter or year-end may be compensated (e.g., September hours cannot be compensated in the next fiscal year).
 - Request for reimbursement must match the hours worked. Leave and fringe must be prorated based on actual hours worked in order to be claimed.
- Timesheets are required to be signed and dated by the staff member and the supervisor.
- Use the headers to identify the population type and grant title.

Sample Pay Period Timesheet

BI-WEEKLY TIME RECORD										
NAME:		Sample		PAY PERIOD END:		12/30/2018		PAY DATE:		1/3/2019
FAY PERIOD START:		12/16/2018								
DATE	TOTAL	LEAVE	Adult MDCGP	select Mental Health Court	select SSSPP	select Veterans Court	Federal		Other Court or County Hours	Description
16	0.00									
17	8.00	8.00								Sick Leave
18	8.00		2.00	2.00		2.00	2.00			"Very Brief Description of tasks performed"
19	8.00		2.80		0.20	2.00			3.00	"Very Brief Description of tasks performed"
20	8.00		6.00	0.80			0.40		0.80	"Very Brief Description of tasks performed"
21	8.00			1.00		1.00	6.00			"Very Brief Description of tasks performed"
22	0.00									
23	0.00									
24	8.00	8.00								Holiday
25	8.00	8.00								Holiday
26	8.00		2.00	1.00	1.00	1.00	3.00			"Very Brief Description of tasks performed"
27	8.00		4.00				3.00		1.00	"Very Brief Description of tasks performed"
28	8.00	8.00								Annual Leave
29	0.00									
SUBTOTAL	80.00	32.00	16.80	4.80	1.20	6.00	14.40	0.00	4.80	
Total Hours Worked	48.00		35.00%	10.00%	2.50%	12.50%	30.00%	0.00%	10.00%	
Allocated Leave			11.20	3.20	0.80	4.00	9.60	0.00	3.20	
Total hours to bill	80.00		28.00	8.00	2.00	10.00	24.00	0.00	8.00	

I certify that this is a complete and accurate report of the hours for which I was compensated during this month, and that the tasks I performed were consistent with those necessary to achieve the goals of the grants listed above.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Sample Monthly Timesheet

MONTHLY TIME RECORD										
NAME:		Sample		MONTH & YEAR:		December 2018				
DATE	TOTAL	LEAVE	Women's MDCGP	Juvenile Mental Health Court	Adult SSSPP	Adult Veterans Court	Federal		Other Court or County Hours	Description
1	0.00									
2	0.00									
3	8.00		4.00				4.00			"Very Brief Description of tasks performed"
4	8.00		4.00				4.00			"Very Brief Description of tasks performed"
5	8.00		2.00	1.00		2.00	2.00		1.00	"Very Brief Description of tasks performed"
6	8.00		2.00	3.20	1.80	1.00				"Very Brief Description of tasks performed"
7	8.00		1.00			2.00	2.00		3.00	"Very Brief Description of tasks performed"
8	0.00									
9	0.00									
10	8.00		2.00			2.00	1.00		3.00	"Very Brief Description of tasks performed"
11	8.00		4.00	3.00			1.00			"Very Brief Description of tasks performed"
12	8.00		3.20			2.00	2.60		0.20	"Very Brief Description of tasks performed"
13	8.00		3.00				5.00			"Very Brief Description of tasks performed"
14	8.00		2.80	0.80	0.20	1.00	2.40		0.80	"Very Brief Description of tasks performed"
15	0.00									
16	0.00									
17	8.00	8.00								Sick Leave
18	8.00		2.00	2.00		2.00	2.00			"Very Brief Description of tasks performed"
19	8.00		2.80		0.20	2.00			3.00	"Very Brief Description of tasks performed"
20	8.00		6.00	0.80			0.40		0.80	"Very Brief Description of tasks performed"
21	8.00			1.00		1.00	6.00			"Very Brief Description of tasks performed"
22	0.00									
23	0.00									

24	8.00	8.00								Holiday
25	8.00	8.00								Holiday
26	8.00		2.00	1.00	1.00	1.00	3.00			"Very Brief Description of tasks performed"
27	8.00		4.00				3.00		1.00	"Very Brief Description of tasks performed"
28	8.00	8.00								Annual Leave
29	0.00									
30	0.00									
31	8.00	8.00								Holiday
SUBTOTAL	168.00	40.00	44.80	12.80	3.20	16.00	38.40	0.00	12.80	
Total Hours Worked	128.00		35.00%	10.00%	2.50%	12.50%	30.00%	0.00%	10.00%	
Allocated Leave			14.00	4.00	1.00	5.00	12.00	0.00	4.00	
Total hours to bill	168.00		58.80	16.80	4.20	21.00	50.40	0.00	16.80	

I certify that this is a complete and accurate report of the hours for which I was compensated during this month, and that the tasks I performed were consistent with those necessary to achieve the goals of the grants listed above.

Employee Signature:		Date:	
Supervisor Signature:		Date:	

Contractual, Supplies, and Travel Documentation

The contractual (provider/agency that performs a service), supplies (items that are stored and disposed of within the grant year) and travel (mileage for staff members or participant travel) backup documentation is either an invoice, a receipt, or a travel log. The invoice, receipt, or travel log must include the date of service/purchase, description of service provided/item purchased, rate for the service/unit cost for the item, the quantity provided/purchased, and the overall total cost. A sample invoice, receipt, and travel log are located in the Appendix.

Tips for Submitting Invoices and Receipts for Contractual, Supplies, and Travel

- All services and items purchased and travel rates must be listed in the approved budget, including the rates per service, cost per unit, and cost per mile.
- Participant names must be redacted for all OHSP claims. Programs may redact participant names for all other grants, but it is not necessary. When redacting a participant name, do not redact the whole name (keep the initials); we need an identifier to verify that costs are not duplicative.
- Travel logs are required for staff, subrecipients, and contractor/vendors who are claiming mileage. The logs must include the date, description of activity/reason for travel, mileage rate, the number of miles, and totals. Subrecipient and contractor/vendor miles are to be included in the contractual section, not the travel section. Staff, subrecipients, or contractor/vendors that claim mileage to more than one grant must track mileage on one travel log. Do not submit different travel logs for different grants.
- **Contractor backup documentation should not contain breakdown for fringe.**
- Contractors that work on more than one grant, must submit an invoice that includes all hours for all grants on one invoice (similar to the timesheet).
- Have subrecipients or contractor/vendors use Excel sheets with formulas to ensure accuracy in calculations on their invoices.

- Prior to approving invoices, receipts, or travel logs for payment by the court, review that each invoice, receipt, or travel log contains the date of service/purchase, description of service provided/item purchased, rate for the service/unit cost for the item, the quantity provided/purchased, and the overall total cost. If an item is missing, please request a revised invoice, receipt, or travel log.
- Prior to approving invoices, receipts, or travel logs for payment by the court, review for accurate totals, and ensure that it matches the budget. If a rate has increased or the total hours/units has been increased, you must submit a contract amendment to include the increase in your budget.
- Splitting invoices between funding sources is allowed.
 - If splitting an invoice between funding sources, identify the funding source next to the line item number (e.g., 19-005478-62 Adult MDCGP and 19-005478-63 SSSPP).
 - An invoice between one program that has two funding sources can be evenly split or be split at any other ratio deemed appropriate.
 - Splitting an invoice between two separate programs must be split based on the item/service provided to each program. For example, if the court receives a drug testing invoice for services for drug court participants and mental health court participants, only those item/services for drug court participants can be charged to the MDCGP grant and only those item/services for mental health court participants can be charged to the MMHCGP grant.
- **FEDERALLY FUNDED GRANTS (OHSP and Byrne):** Proof of payment is required for all invoices being submitted for reimbursement for all quarters. Proof of payment may be a copy of the check that lists all invoices paid or a generated report that has the check number, the paid date, and invoice number(s) paid. Only generated reports with the above will be accepted. No handwritten numbers or dates.

Year-End Contractual

- Courts are encouraged to work with their subrecipients and contractor/vendors to obtain all invoices as close to the end of the fiscal year as possible, thus giving the court staff member time to review the invoice for accuracy before the final claim submission due date.
- **STATE FUNDED GRANTS (MDCGP, MVTCGP, MMHCGP, and SSSPP):** Quarter four is the exception to having all invoices/receipts paid prior to requesting reimbursement. We understand that courts may receive invoices dated in the next fiscal year that were for services of the fiscal year ending and will not have had enough time to pay the invoice prior to the submission of the claim (e.g., an invoice dated October 2nd for services in the month of September).
- **FEDERALLY FUNDED GRANTS (OHSP and Byrne):** Proof of payment *is* required for all invoices being submitted for reimbursement in the fourth quarter. See above for proof of payment requirements.

Year-End Supplies

- Courts are discouraged from purchasing large amounts of supplies in the last quarter that cannot reasonably be used prior to the end of the fiscal year. If this does occur, the

federal grant programs will only reimburse the court for those items that were used prior to the end of the fiscal year and the court will be responsible for the balance of the invoice/receipt. However, if this occurs in conjunction with a state-funded grant or occurs in a state-funded grant, the amount of items used within the fiscal year can be charged to the grant. The balance of the items unused may be charged in the next fiscal year to the state funded grant, as long as the items are not considered stockpiling (stockpiling means items were purchased to extinguish grant funds rather than items being purchased for use in the program in the current fiscal year). The invoice/receipt should contain a note of the amount charged to each fiscal year and submitted in the fourth quarter of the fiscal year-end claim and in the first quarter of the next fiscal year claim.

What to Consider Prior to Submitting a Claim

Many claims are negotiated back to the court because of insufficient or inaccurate documentation and/or items/rates/services that do not match the approved budget. To assist in making the review process easier and to assist in reducing negotiating a claim, please consider the tips below.

Tips for Submitting a Claim

- Review all invoices, receipts, and travel logs to ensure rates and totals are accurate and for the current fiscal year only. Invoices, receipts, or travel logs that contain services outside the current fiscal year must be adjusted.
- Review all invoices, receipts, and travel logs to ensure they contain the date of service/purchase, description of service provided/item purchased, rate for the service/unit cost for the item, the quantity provided/purchased, and the overall total cost. If any of the above is missing, the invoice or receipt may not be reimbursed.
- Review all payroll, invoices, receipts, and travel logs against the approved budget. If they do not match the approved budget, complete a contract amendment prior to submitting the claim.
- If splitting invoices between funding sources, identify the sources next to the line item number (e.g., 19-005478-62 Adult MDCGP and 19-005478-63 SSSPP).
- All payroll, invoice, receipts, and travel logs must be paid prior to requesting reimbursement from SCAO, with the exception of the fourth quarter (State-funded grants only).
- Make sure the totals in the Request Summary match the totals for reimbursement in WebGrants.
- Review all uploads to ensure they are clear. Documentation that cannot be clearly read will not be reimbursed.
- Make sure that only accurate and necessary documentation is uploaded.

Contract Amendments

A contract amendment is required to add, shift, or change information in the approved budget. There are two choices when completing a contract amendment. Complete a Budget Revision if you are shifting funds from one line item to another or requesting a new line to be added. Complete a Project Revision if there is no shift in funds. Both types of contract amendments have a narrative justification box. The narrative justification must include detail to support the reasoning for the contract amendment, including names, dates, costs/rates, and services/items.

Tips for Contract Amendments

- Review all payroll, invoices, receipts, and travel rates to be paid by grant funds against the approved budget. If the invoices or receipts are not consistent with the approved budget, complete a contract amendment as soon as possible to ensure the cost/rate/services is allowed and added to the approved budget prior to submitting the claim.
- Contract amendments should be submitted and approved prior to spending any grant funds to ensure the change can be covered.
- Review the tutorial on how to complete a contract amendment if you are unsure of how to complete a contract amendment. The tutorial for completing a contract amendment can be found in WebGrants by clicking the Contract Amendment link on the Grant Component page.
- Be sure to click the Submit button in order for the contract amendment to be submitted and reviewed by SCAO.

Negotiated Claims

Claims can be negotiated back to the court when the documentation is insufficient and/or names, costs, rates, and/or services do not match the approved budget. When uploading revised documentation please remove all inaccurate and unnecessary items.

Tips for Negotiated Claims

- Remove all inaccurate and unnecessary documentation. Upload all accurate documentation to support the request for reimbursement.
- Review and ensure that all totals in the Request Summary match the totals for reimbursement in WebGrants.
- Review and ensure that all documentation to support the request for reimbursement is uploaded and easy to read.

Questions?

If you have any questions, please do not hesitate to contact the SCAO Program Officer that oversees your grant funding. Your SCAO Program Officer is listed at the top of the Grant Components page of your grant in WebGrants.

Appendix 2 Sample Invoice for Contractual Treatment Provider

From: Substance Abuse Treatment Agency
3218 Holly Drive
Any Town, MI 48887
555-428-6378

Date: 2-28-19

Invoice to: 100th Circuit Court
8547 Court Avenue
Any Town, MI 48887
555-428-6547

Invoice Number: 1005 SBC

Balance Due: \$1,250.00

Client Name	Date of Service	Service	Units	Amount
Harry [REDACTED]	10/1/2019	Individual	1	\$ 85.00
Nick [REDACTED]	10/5/2019	Group	1	\$ 35.00
Timothy [REDACTED]	10/5/2019	Group	1	\$ 35.00
Sandy [REDACTED]	10/7/2019	Assessment	1	\$ 150.00
Tony [REDACTED]	10/7/2019	Individual	1	\$ 85.00
Tyler [REDACTED]	10/7/2019	Group	1	\$ 35.00
Casey [REDACTED]	10/7/2019	Group	1	\$ 35.00
Harry [REDACTED]	10/10/2019	Individual	1	\$ 85.00
Nick [REDACTED]	10/10/2019	Group	1	\$ 35.00
Timothy [REDACTED]	10/10/2019	Group	1	\$ 35.00
Sandy [REDACTED]	10/11/2019	Individual	1	\$ 85.00
Tony [REDACTED]	10/12/2019	Individual	1	\$ 85.00
Tyler [REDACTED]	10/13/2019	Group	1	\$ 35.00
Casey [REDACTED]	10/13/2019	Group	1	\$ 35.00
Harry [REDACTED]	10/15/2019	Individual	1	\$ 85.00
Nick [REDACTED]	10/16/2019	Group	1	\$ 35.00
Timothy [REDACTED]	10/16/2019	Group	1	\$ 35.00
Sandy [REDACTED]	10/17/2019	Individual	1	\$ 85.00
Tony [REDACTED]	10/18/2019	Individual	1	\$ 85.00
Tyler [REDACTED]	10/20/2019	Group	1	\$ 35.00
Casey [REDACTED]	10/20/2019	Group	1	\$ 35.00
			Total	\$ 1,250.00

Make checks payable to SATA. If you have any questions concerning this invoice, contact us at 555-428-6378.

Thank you!

Appendix 3 Sample Invoice for Drug Testing Supplies

Drug Testing Supply Company

INVOICE

1234 State Street
Any Town, MI 48887
Phone: 555-428-6325

INVOICE #100
DATE: 1-31-19

TO:
Anna Banana
100th Circuit Court
8547 Court Avenue
Any Town, MI 48887
555-428-6547

SHIP TO:
Anna Banana
100th Circuit Court
8547 Court Avenue
Any Town, MI 48887
555-428-6547

COMMENTS OR SPECIAL INSTRUCTIONS:
Please pay within 30 days from date of invoice.

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
Jonathan Doe	ABC-XYZ-1002	Anna Banana	UPS	XXXXXX	30 days

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
100	5 panel drug test cup	4.85	485.00
100	Oral swabs	25.00	2,500.00
1	Box large gloves – contains 100 gloves	12.50	12.50
1	Box small gloves - contains 100 gloves	12.50	12.50
50	Shipping bags	0	0

SUBTOTAL	3,010.00
SALES TAX	210.7
SHIPPING & HANDLING	15.75
TOTAL DUE	3,236.45

Make all checks payable to Drug Testing Supply Company.
If you have any questions concerning this invoice, contact: Jonathan Doe at 555-428-6325. **Thank you for your business!**

Appendix 4
Sample Receipt for Bus Tokens

Date 2-15-19

Number 14852

Amount \$120.00

TRANSPORTATION

Purchase: Bus Passes

20 Red Tokens @ \$1.00 each

20 Blue Tokens @ \$5.00 each

Appendix 5 Sample Travel Log for Contractual or Staff

TRAVEL LOG - Case Manager JP Riley			Rate .58
Date	Description	Number of Miles	Total Cost
5/1/2019	Transport LM, JP, TM to court and back	100	\$ 58.00
5/10/2019	Home check PP, AM, TL	30	\$ 17.40
5/12/2019	Drug tests HA, BP, SH, TT, LM, JP	120	\$ 69.60
Totals		250	\$ 145.00

Appendix 6
Sample Invoice for Splitting Between Funding Sources

TRANSPORTATION

Date 2-15-19

Number 14852

Amount \$120.00

Purchase: Bus Passes

20 Red Tokens @ \$1.00 each

20 Blue Tokens @ \$5.00 each

10 Red and 5 Blue = \$35.00 19-005478-62 Adult MDCGP
10 Red and 15 Blue = \$85.00 19-005478-63 SSSPP