

Community Partnership for Protecting Children

"Promoting positive home and community environments to encourage safe, healthy, and successful children and families."

Mini-Grant Reimbursement Instructions

- 1. If you no longer need the funding, or need less than the amount awarded, please notify us as soon as possible, and no later than 10 to 15 days after your event, so we can release the funding for additional applications.
- 2. Shifting funds among categories is acceptable as long as:
 - o funds are shifted among only the originally approved categories
 - o it does not change the scope of work of the project
 - o the shift is not more than 10% of the total budget.
- 3. Shifts **greater than 10**% of the total budget require approval from CPPC **before** making any adjustments.
- **4.** If your budget includes **food costs**, receipts for food costs must include a detailed list of foods purchased. We can't reimburse for alcohol or tobacco.
- **5.** If your budget includes **travel costs**, you will bill mileage at the state rate of \$0.39 per mile. We can't reimburse for gasoline.
- **6.** To request reimbursement, you will submit receipts and invoices to JC Social Services **by the 10th of the month**. Invoices and receipts will be submitted **each month** in which purchases/expenditures are made. **Do not wait** until the end of the year to submit for reimbursement.
- 7. Unless other arrangements are made, <u>reimbursement requests received after June 10 may</u> <u>not be paid</u>.
- **8.** When completing the invoice form, always refer back to the budget that was approved with your application.
- **9.** Total of funding used will be included on final report, which must be submitted with the last payment request. The payment will not be made until a final report is received.
- **10.** If you have not received reimbursement from Johnson County in the past, include a completed and **signed W-9** form with your invoice.
- 11. Invoices must include:
 - The name of the organization, person to contact, and address to which we will send payment
 - All receipts and/or documentation for expenditures
 - The date of each receipt
 - Your organization tax id or a W-9 of the person being paid
 - If you have other funding from the county, you need a **separate** receipt for mini-grant items from other items for your agency.
 - Please total all receipts and provide a note if you will not expend the amount awarded.

RECEIPT DATE	DETAILED DESCRIPTION OF EXPENSE	AMOUNT
	TOTAL:	

^{*} please attach documentation of all expenses claimed e.g. receipts

For Office Use Only

STATE CPPC CONTRACT #	
JOHNSON COUNTY BUDGET LINE ITEM	
APPROVAL DATE	



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Mini-Grant Report Form

Date:	Total Amount Spent:	
Group/Organization Name:		
Contact Person:	Phone/email:	
Name of activity/event:		
Date(s) of activity/events:		
Number of youth involved:	Number of families/parents involved:	
Were marketing efforts successful in rea	ching your target audience? Yes No	
Describe how the funds were used:		
Describe how the activity/event achieved	d the intended outcome:	
_	his activity/event helped to prevent child abuse in our	
	nilies:	
Other comments:		
Submit report to:	Laurie Nash Johnson County Social Services	
	855 S. Dubuque St. Ste 202B	

Iowa City, Iowa 52240 <u>lnash@johnsoncountyiowa.gov</u>