

ERIE COUNTY YOUTH BUREAU CLAIMING PROCESS

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AGENDA

- Overview
- How Youth Bureau Funding Works
- Budgets
- Claiming Deadlines
- Claiming Requirements
- Submission Process
- Questions?



YOUTH BUREAU CLAIMING - OVERVIEW

Youth Bureau funding is reimbursement funding. You must “claim expenses” with us in order to be reimbursed for those expenses.

- Summer Primetime grants are provided up front due to the short program timeframe. However, funding for unclaimed expenses must be returned to the Youth Bureau.

Your claim must match your original budget you provided with your contract.

Claims and budgets contain five categories:

Salaries, Fringe, Contracted Services, Maintenance and Operation, and Facility Repairs

Some expense types are capped at a specific percentage.

For example, administrative expenses of any type cannot exceed 15% of your total budget.

Reimbursement claims are submitted on four separate forms separated by expense category:

Salaries, Fringe Benefits, Contracted Services, and M&O/Facility Repairs.

YOUTH BUREAU FUNDING STRUCTURE



The majority of funding which the Youth Bureau allocates is NYS funding through the Office of Children and Family Services (OCFS). Erie County receives its allocations mid-Summer.



Erie County reimburses you based on your claims and then claims reimbursement from NYS.



Therefore, Erie County cannot be reimbursed until we receive your claims!



OCFS has strict claiming deadlines. If we do not receive YOUR claim on time, we risk losing OUR funding!

That is why the final Youth Bureau claiming deadlines are so strict.

BUDGETS



When you submit your contract, you are required to provide a budget for your funded program. You should determine the costs allocated to your grant at this time.

There are several good Cost Allocation Plan templates online.



Your claims must match your original budget!

For example, if your original budget stated you would spend \$5,000 on Salaries, \$1,000 on Fringe Benefits, \$2,500 on Contracted Services, and \$1,500 on Maintenance and Operation, that is what you must claim by the end of the year. We will keep track of your balances in each category each quarter.



You may change your budget if necessary! We know that things change over the year. However, you must notify us ahead of time to request approval.

You may email us to request a modification or submit a Budget Amendment Form.



If you are experiencing significant changes to your original budget or program scope, simply reach out to inform us and discuss follow-up.



The worst thing you can do is to NOT communicate! 😊

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
PROGRAM BUDGET
APPENDIX B

QYDS ID: FISCAL YEAR: AGENCY/MUNICIPALITY: PROGRAM TITLE: FUND TYPE: FISCAL CONTACT INFORMATION:
Include Name, Phone Number, E-mail address:

PERSONAL SERVICES

POSITION TITLE	RATE OF PAY	BASIS (H, W, BW, SM)	TOTAL OCFS PROGRAM AMOUNT (\$)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM (\$)
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

TOTAL SALARIES AND WAGES

TOTAL FRINGE BENEFITS

TOTAL PERSONAL SERVICES (1)

CONTRACTED SERVICES AND STIPENDS

TYPE OF SERVICE OR CONSULTANT TITLE	RATE OF PAY	BASE (S,M,HR)	TOTAL OCFS PROGRAM AMOUNT (\$)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM (\$)
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

TOTAL CONTRACTED SERVICES (2)

TOTAL MAINTENANCE & OPERATION (3)

LIST EQUIPMENT TO BE PURCHASED OR RENTED:
(UNIT COST OVER \$500 AND LIFE EXPECTANCY OF OVER TWO YEARS)

FACILITY REPAIRS

PROGRAM SITE ADDRESS	TOTAL OCFS PROGRAM AMOUNT (\$)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM (\$)
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

TOTAL FACILITY REPAIRS (4)

TOTAL OCFS PROGRAM AMOUNT



TOTAL OCFS FUNDS REQUESTED

(\$)

LIST OF OTHER FUNDING SOURCES

REIMBURSABLE TOTAL	MUNICIPAL FUNDING	OTHER SOURCES
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

QYDS # is an internal number. Leave blank.

FY = end of Program Year (24-25 = 2025)

Fund Type = Grant Name (YDP, YTS, RHY, etc.)

OCFS Program Amount = Cost of Entire Program
OCFS Funds Requested = Amount of this expense type you are requesting to fund **with your grant**

List **SPECIFIC** job titles being funded. These should match your payroll records in your claim. Admin cannot exceed 15%.

Maintenance and Operation – one line for all expenses

Total cost of your **entire program**.

Total of your **grant** funded expenses (i.e. What are you spending your Youth Bureau grant on?)

List all other funding for your program.

A + B = C.

Youth Bureau Grant + All Other Funding = Total Cost of Program

YOUTH BUREAU CLAIMING DEADLINES

The Youth Bureau program year is October 1 – September 30th for all Youth Bureau grants (other than Primetime).

Claims are due quarterly on the 15th of the month following each quarter:

January 15th - April 15th -
July 15th - October 15th

**October 15th is the
LAST DAY to claim
Q4 expenses!**

We **STRONGLY** encourage you to claim quarterly. It is helpful for you and for our staff, too!

Only expenses which you incurred from October 1 – September 30th may be claimed. Backup documentation must be dated within this 12-month period.

CLAIMING REQUIREMENTS

Expenditure reports should be completed on the applicable [NYS forms](#). Only one original is required. The summary sheet must have an original signature.

- The individual who signs your claim package cannot be the same person who signs paychecks. It should be a CFO, fiscal staff member, or authorized board member.

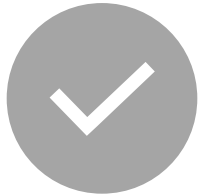
Documentation verifying expenses to include as part of claim:

- Proof of payment for salaries (payroll records).
- Proof of payment for fringe benefits if the benefit rate exceeds 15% of salary.
- Proof of payment (receipts, etc.) for maintenance and operations that exceed the lesser of \$5,000 or 10% of grant award.
- Contracted Services require proof of payment as well as copy of agreement. Contracted Services should not exceed more than 20% of grant award or \$2,000 whichever is greater.

Please note, administrative expenses **CANNOT** exceed 15% of grant award. Administrative expenses include administrative staff (Executive Director) but also overhead costs such as website, phone, etc. which are not directly related to program support.

If your administrative staff (i.e. Program Director) also plays a direct role in implementing programming, please explain this on a separate sheet.

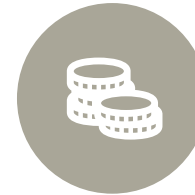
CLAIMING FORMS



3125 Program Summary



3126 Salaries – include the job titles listed in your original budget



3127 Fringe Benefits



3128 Contracted Services – include services listed in your original budget



3129 M&O and Facility Repairs



We will check each expense total against the total in each category in your budget. Often, organizations will “over-claim” in a category due to lack of tracking. Ensure you are requesting budget amendments ahead of time or this type of situation will cause significant delays in your payment. Claiming quarterly will help!

SUBMISSION PROCESS



Prepare each form by listing individual expenses. Attach backup documentation for each listed expense.

Contracted Services such as program services which have an agreement/MOU/contract – include a copy of the agreement.



Prepare the Expenditure Summary. Sign this Summary Sheet.



Make a copy of the entire claim package.



Submit by mail or hand-deliver your original claim to the Youth Bureau office in the Rath Building, Room 1277.



If there are no issues with your claim, expect reimbursement payment within 4-6 weeks.



WHY DOES PAYMENT TAKE SO LONG?????

- The reimbursement (claiming) process is cumbersome. We know.
- We are responsible for providing solid oversight of local funding allocations!
- Your claim must be reviewed in close detail against your budget. Many claims are submitted at once. Once we approve it, it makes a few more stops.
- Final approval and checks come from the Comptroller's Office. They are busy!
- We are committed to doing anything we can to make this process as painless as possible and to assist you in developing sound fiscal practices, too. Our job is to ensure you are thriving for the good of our youth!
- That means we are here to support you during the development of your budget, your claiming package, and your cost allocation process!
- Note: This program year, we will pilot a new online claiming process with a few agencies. This will include forms with formulas and also limits, and will allow for electronic upload and submission. We are hopeful this will make the process easier for both of us!

QUESTIONS??



For assistance or questions regarding any component of your Primetime, YDP, YTS or YSEP claim, contact **Jen Longo**, Principal Clerk, at (716) 858-6064.



For budget amendments or discussion or assistance regarding budgeting or cost allocation planning, contact **Kate Hilliman**, Executive Director, at Katherine.Hilliman@Erie.Gov or (716) 858-7265.



For changes in programming such as program scope, schedule, location, etc., contact your Youth Services Planning Coordinator (Wanda Hillman or Dinesha Scarver) right away!