

Civil Money Penalty Reinvestment Program

Subrecipient Instruction Packet

Reporting, Invoicing and Project Monitoring

North Carolina State Survey Agency (NCSSA) monitors the subrecipients' progress and expenditures through various programmatic and financial reporting procedures, as well as using performance metrics per the approved CMP application and executed contract. These monitoring procedures are necessary to maintain transparency and to prevent fraud and abuse.

Specific reporting requirements, schedules, and metrics will vary for each project. ***It is the subrecipient's responsibility to review the project and executed contract terms and conditions carefully for this information.***

Additional copies of project monitoring forms are located at [Subrecipient Resources | NC Culture Change](#). This link also includes an instructional PowerPoint for new subrecipients that provides guidance regarding your NCDHHS contract, submitting reimbursement requests, quarterly reporting, etc. *New subrecipients are encouraged to watch this video.*****

All Subrecipients must be registered with the North Carolina electronic Vendor Portal (eVP) prior the start of their project. To do this, visit [Home · eVP \(nc.gov\)](#)

NCSSA and the National CMP Team requires reports throughout the duration of the project period. These reporting requirements can be found under the Performance Standards and Performance Monitoring/Quality Assurance Plan section of the executed contract. Reports are due on the 10th of the month following the end of the quarter. Reports should be submitted via email to **the** CMP Grant Fund Manager. If the 10th of the month falls on the weekend the report is due on the next business day. The subrecipient will receive an email of upcoming report deadlines.

Project Quarterly Reports (Attachment A)

Subrecipients are required to submit a quarterly narrative report outlining project progress. A quarterly report template will be provided by the SSA and subrecipients must fill this out completely.

Additionally, subrecipients will be provided with a project data tracking spreadsheet that is required to be filled out and submitted with each quarterly report. The purpose of this spreadsheet is to monitor the performance standards as they are outlined in the executed contract.

Contract Expenditure Reports (Attachment B)

The contract expenditure report (CER) is a form used to document project expenditures each month. The budget line items on the CER will match the project budget in your executed contract. *Please do not alter the budget lines of this form.* The Contract Expenditure Report should be submitted monthly with the subrecipient's Funds Request Form.

Travel Expense Form (Attachment C)

The travel expense form should be used to document any travel expenses incurred by the subrecipient or subcontractors of the project. Submit this form and any additional supporting documentation with the Contract Expenditure Report. Please refer to openwindow.ncdhhs.gov/index.aspx?pid=doc_ReferenceDocuments for guidance regarding travel policies.

Budget Revision Requests (Attachment D)

Subrecipients can request a budget revision if necessary to ensure that there are funds to cover expenditures. If a budget line has been overspent, a budget revision must be done before any additional reimbursement will be made to the subrecipient. *Please note that budget revisions require approval by CMS.*

Funds Request (Attachment E)

Requests for reimbursement are submitted when a subrecipient is requesting CMP funds for the awarded project. Please note that these requests cannot be made in advance of the anticipated expenditures. Projects are encouraged to have at least 90 days of reserved funds to support their project initially. NCDHHS will not provide an advance of CMP funding for projects.

Subrecipients must submit reimbursement requests **monthly** to the Grant Fund Manager unless prior arrangements have been made to submit them at a different time interval. In addition to the Fund Request Form, the subrecipient should provide documentation to support each expenditure. The Contract Expenditure Form should also be included when the request is submitted. *The funding request form and any required supporting documentation must be clean and readable and submitted in PDF format in one complete document.*

Supporting documentation includes but is not limited to the following:

- Invoices
- Paid receipts
- Canceled checks or check & payment registers from subrecipient.
- Travel logs
- Hotel folios

- Time and attendance activity reports
- Payroll time sheets completed by employee and signed by supervisor
- Credit Card Statements
- Contract Expenditure Report

If a project is subcontracting part of its services or deliverables to another organization or individual, the subrecipient is responsible for making sure that the subcontractor submits requests for payment monthly. Subcontractors should submit their requests for payment to the subrecipient and the subrecipient will, in turn, create an invoice to request reimbursement from NCDHHS. NCDHHS will only pay the subrecipient that has been named in the executed contract. The subrecipient will be responsible for paying its subcontractors.

Annual Project Monitoring

CMP funded projects are subject to monitoring by NCDHHS each year. Subrecipients will meet virtually with the CMP Grant Fund Manager to discuss their project year. This will occur the month following the end of each project year. During this meeting the following will be discussed:

- project requirements, as reported quarterly throughout the year
- the project budget
- performance measures and outcomes
- any barriers to project implementation
- successes and lessons learned
- corrective measures taken to ensure project success.

Additional monitoring may be required during the project year.

Additional Requirements

Subrecipients should follow instructions that are provided in their CMS award letter for any additional requirements that may be provided, such as project year end and final reports that must be submitted to CMS and NCDHHS.

Questions should be directed to Brandi Jordan, NC Civil Money Penalty Grant Fund Manager at brandi.jordan@dhhs.nc.gov or 919-937-7459

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Project Quarterly Report Form

The executed contract outlines the Performance Requirements of the Contractor for each quarter of the project and the Contractor shall adhere to the timeline as it is written in the grant proposal. The Quarterly Report should provide progress on each of the Performance Requirements or provide feedback on why requirements were not met for this quarter. Submit the completed report to brandi.jordan@dhhs.nc.gov

Name of Project: _____

Subrecipient: _____

Report Submitted By: _____

Email: _____

Date: _____

CMS Unique Identifier: _____

CMP Contract Number: _____

Project Quarter:

YEAR 1	Q1 ☐	Q2 ☐	Q3 ☐	Q4 ☐
YEAR 2	Q1 ☐	Q2 ☐	Q3 ☐	Q4 ☐
YEAR 3	Q1 ☐	Q2 ☐	Q3 ☐	Q4 ☐

PERFORMANCE REQUIREMENTS

The following requirements are outlined in the executed contract. The Contractor is required to follow these requirements in accordance with CMS and NCDHHS guidelines. Please indicate whether you have met the performance requirements for this quarter. Please provide an explanation where this did not occur.

Performance Requirement	Goal Met? Yes, No or Partial	Explanation

PERFORMANCE STANDARDS

Please list Performance Standards and provide information relevant to progress towards the project deliverables this quarter.

Performance Standard	Goal as listed in the Contract	Percent of goal achieved this quarter

Please provide information about pitfalls, successes, and updates on your project during this quarter. If performance requirements were not met, you should include information about what you will do to ensure that this will be corrected.

Please include any additional information you need to share in the space provided.

***** Please attach any additional supporting or required documentation to this report before submitting.
This includes forms, handouts, etc. that are required to be shared with NCDHHS and CMS.***

Signature _____

Date _____

ATTACHMENT B

CMP Contract Expenditure Report Form

ATTACHMENT B

Project Applicant
Project Name
Contract No.
CMS UID

Project Year: Y1
Monthly Request for Mo/Yr:

Please note that an invoice or documentation must be submitted for each expense. Invoices must be clearly labeled and match the expense being requested. Avoid submitting duplicate invoices. Failure to submit all correct documentation will result in the request being sent back to the subrecipient for correction and may delay payment. Please do not alter this form.

Budget Line Item	Monthly Expenditure	Invoice/Doc. Attached?	Additional Information
TOTAL	-		-

****Form is an example. Each subrecipient will receive a fillable form with their budget information.**

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Travel Expense Report

Name: _____ Project: _____
 Date(s) of Travel _____ Destination: _____

MILEAGE - Please include your <u>total hours</u> worked from the time you leave your homebase until you return				
Date	Hours Worked (example: 7:30 AM - 5:30 PM)	From Location	To Location	Total Miles Traveled
				0
				0
				0
				0
				0
				0
				0
				0
TOTAL MILES				0
Total Mileage Reimbursement at \$0.67 per mile				-
LODGING - Hotel receipt/folio must be included with this form				
Date		Hotel/Business Name	Location	Amount (excluding taxes and fees)
				-
				-
Total Lodging				-
MEALS				
Date		Meal (breakfast, Lunch or Dinner?)	Description	Total (excluding taxes)
				-
				-
				-
				-
				-
				-
Total Per Diem				-
INCIDENTALS				
Date		Incidental	Description	Total (excluding taxes)
				-
Total				-
Total Reimbursement				-

Signature _____

Civil Money Penalty Reinvestment Program **Budget Revision Request**

The executed contract includes a provision for budget revisions, which requires approval from CMS.
Submit the completed for to brandi.jordan@dhhs.nc.gov

CONTACT INFORMATION

Subrecipient:

Phone:

Email:

Date:

AWARD INFORMATION

CMP Contract Number:

Project Year:

Original Award Amount:

Justification for Budget Revision:

Does the revised budget change the scope of the work or originally stated outcomes?

If yes, please explain:

Please provide any additional information you feel we may need: N/A

Please use this budget revision request template to indicate changes to be made to your line items. Your "Budget Line Items" must match the budget line items in your Executed Contract. "Increases" must equal "Decreases" and should be added/subtracted from the "remaining amount" line before totaling.

		REVISIONS		
Budget Line Item	Original Total Approved Line- Item Budget	Remaining Amount in budget line at the time of revision request	Increases (+)	Decreases (-)
			-	-
			-	-
TOTAL	-		-	-

Project Manager/Grant Subrecipient

CMP Grant Fund Manager/NCDHHS

CMS Approval Date

CMS approval documentation must be attached to this request

Civil Money Penalty Reinvestment Program Fund Request Form

Contractor Name: _____

Address: _____

Federal Tax ID #: _____

Contract #: _____

EP #: _____

☐ Complete Request: This is a request for the ENTIRE or remaining total CMP fund award in the amount of \$_____

☐ Partial Request: This is a request for part of the total CMP fund award in the amount of \$_____

All requests must be completed and submitted **no more than 45 days** from the expenditure date to the CMP Grant Fund Manager. GFM is to allow at least 60 days from receipt of this form for the disbursement of funds.

This document is not considered complete without required signatures and all supporting documentation for expenditures. Required attachments include but are not limited to: invoice, itemized receipt, quote, attendee roster, travel itinerary. Items not matching the approved CMP application, CMS approval letter or executed Line-Item Budget may be denied for payment. CMP funds do not cover tax amounts.

Contract Authorized Officer Signature

Date

DHSR Authorized Signature

Date

FOR DHSR USE ONLY

Date Received at NH Licensure & Certification Office _____

Reviewed for Payment by and Date _____

Date Received by Grants Manager _____

Date Sent to Controller's Office _____