

MOA EZ CLIENT SERVICES & COST REIMBURSEMENT

Information, Instructions and Procedures

Use of Funds

Community Service Block Grant (CSBG) Indian Set-Aside funds shall be utilized by the Recipient for only those activities and budget items expressly described in the approved Work Plan and Budget. All services are being reported under the category, “Tribal Services” and all expenses should fit the “Other Costs” category. The MOA EZ is designed specifically for programs that do NOT contain employee related expenses or travel expenses.

When requesting reimbursement, the Recipient must properly complete a Client Services & Cost Reimbursement Request form (NCIDC Form 400.2EZ) that has been signed by the Recipient's authorized signatory and be accompanied with copies of supporting documentation of the expenditures.

Requests for reimbursement of expenditures for items such as equipment, materials, supplies, food vouchers, etc., must be accompanied by copies of invoices and receipts which clearly describe the item(s) purchased. All invoices, receipts and other supporting documentation should include the name, address and telephone number of the vendor. Requests for reimbursement of salary and fringe benefits or travel expenses are not allowed on the “EZ” MOA. Appropriate documentation required for other or more unusual types of expenditures will be detailed in the cover letter of the executed Memorandum of Agreement (MOA) or other separate communication from NCIDC. Failure to include proper documentation will substantially delay the requested reimbursement.

Recipients must submit a completed Client Services & Cost Reimbursement Request form, signed by the authorized signatory, along with copies of expense documentation, with each reimbursement request.

The Recipient may alternatively request that NCIDC pay a vendor or supplier directly. The Recipient must submit a copy of the necessary invoice from the vendor or supplier with a letter requesting direct payment signed by the appropriate authorized signatory of the Recipient.

You must report all the individuals served, as well as the number of households served, with CSBG funding.

Instructions for Completing the Client Services & Cost Reimbursement Request

Recipient Name and Address

Use the name and address exactly as they appear on the Face Page of the approved Memorandum of Agreement (no abbreviations). If your mailing address has changed, please send NCIDC a formal notice of change signed by the Recipient's authorized signatory. Indicate contact person, their phone number, e-mail address and FAX number.

Client Services Section

Complete items **1 MOA #**, **2 MOA Amount** and **3 MOA Term Dates**, exactly as they appear on the Face Page of the approved MOA or Work Plan and Budget Form.

- 4. *Identified Need/Problem, Goal and Service Code*** – Use the description of activities on the approved Work Plan and report on what actually happened.
- 5. *Service Code, Number Of Clients Served and Households Served*** -
 - 5a) *Service Code Number*** – Leave blank, for NCIDC USE ONLY.
 - 5b) *Actual # of Clients Served*** - Enter the number of individuals served through the project to date. The number entered should not be a projection, but reflect the actual number of individuals served based on your client intake data or other project Management Information System (MIS).
 - 5c) *Actual # of Households Served*** - Enter the number of households served through the project to date. A household is one or more people living in the same home.

Example of reporting data for individuals and households.

Number served in the program:

Family 1 = 1 child
Family 2 = 1 child
Family 3 = 2 children
Family 4 = 1 child
Family 5 = 2 children
Family 6 = 1 child
Family 7 = 2 children

In this hypothetical youth services report, there would be 10 individuals (children) and seven households served.

6. Number of Volunteer Hours

6) *Total Number of Volunteer Hours* - Working from the approved Work Plan, enter the actual total number of volunteer hours donated to your project. If you have none, enter zero.

Cost Reimbursement Section

1. *MOA Authorized Budget* - In Column (1) enter the amount that appears in the budget section on the approved Work Plan and Budget form.
2. *Prior Reimbursement (if any)* - In Column (2) enter for each line item the totals from Column (5) of the previous Cost Reimbursement Request Form. If this is the first reimbursement request, leave this column blank.
3. *Current Reimbursement Request* - In Column (3) enter the amount currently being requested for each line item.
4. *Total* - In Column (4) enter for each line item the total amount of all cost reimbursement requests to date. By adding Column (2) to Column (3), you will arrive at this total amount. This should equal the total amount of reimbursement requests to date including the one being prepared.
5. *MOA EZ Balance Remaining*- Column (5) is the remaining balance for each line item of your approved MOA budget. By subtracting Column (4) from Column (1), you will arrive at the correct amount.

Authorized Signature Section

Authorized Signature - An original signature of the authorized signatory is required to certify the CLIENT SERVICES & COST REIMBURSEMENT REQUEST.

Name & Title - Print the name and title of the authorized signatory signing this request.

Date - Enter the date the CLIENT SERVICES & COST REIMBURSEMENT REQUEST was signed.

MODIFICATION PROCEDURES

The MOA EZ system is designed to minimize the need for modifications. Recipient may request a change to the approved project narrative and/or budget by submitting the following information to NCIDC for approval:

- a. Cover letter summarizing the need for and type of proposed changes with the appropriate authorizing signature;
- b. Revised project narrative description, if applicable; and/or

c. Budget modification, if applicable.

All proposed changes must be approved by NCIDC prior to implementation.