



Preventive Controls Alliance Training Grant Program

<http://afdo.org/pcgrants>

REPORTING AND
REIMBURSEMENT
INSTRUCTIONS

CALENDAR YEAR 2017

Providing funds for state, local, tribal, and territorial food safety officials to attend the FSPCA Animal Food and Human Food Alliance training courses.

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Reporting and Reimbursement Descriptions

As with the application process, the online grants management system is used for project reporting, and is aimed at keeping the grantee's time burden to a minimum. Grantees must submit their reports through the online grants management portal at <https://preventivecontrols.fluxx.io>. Funds are generally awarded on a reimbursement basis following approved Reimbursement Requests. Multiple Reimbursement Requests are permissible throughout the project period. A Final Report is also required to close out an award.

REIMBURSEMENT REQUESTS

A Reimbursement Request is required when a grantee is seeking reimbursement for a completed course. Because awards are intended to meet all 2017 FSPCA Preventative Control training needs, your agency will submit a separate Preventive Controls Training Reimbursement Request after each completed course. A Reimbursement Request may be submitted any time after the completion of a course but no later than 45 days past the grant end date. Once a request is submitted, the grants administrator will add another Reimbursement Request to the grants management system based on your agency's response to the related question in the "Required Verification" section. A separate reimbursement check will be mailed after approval of each request.

FINAL REPORTS

A Final Report is required to close out your agency's 2017 Annual Preventive Controls Training Needs Award, and is due no later than 45 days after the end of the project period listed in the application. Once all course Reimbursement Requests have been submitted and approved, a Final Report is required to close out the award. This Final Report will include information populated from the original application and from all (one or more) Reimbursement Requests for that grant.

Login and Grantee Portal Overview

Many grantees find it helpful to first view the reporting portal while reviewing the following instructions. We also recommend gathering the required information and documentation before entering it into the reporting portal. This can prevent the loss of work-time caused by Internet connection issues. The portal works best with the most updated version of Google Chrome.

LOGIN INSTRUCTIONS

Log in to the grants management system at <https://preventivecontrols.fluxx.io> using the login and password you received during the application process. If you cannot find the username and/or password, please visit the system's password assistance web page at https://preventivecontrols.fluxx.io/forgot_password. Alternatively, contact us at 1-850-583-4593 or pcgrants@afdo.org.

GRANTEE PORTAL OVERVIEW

You can access the following information through the grants management system:

- A. The **Applications** section provides access to your agency's grant applications in their various states: *Draft*, *Revisions Needed*, *Submitted for Review*, and *Declined*.
- B. The **Grants** section provides access to your agency's subawards under this grant program. Subawards are listed by their Grant Number (each is clickable), with summary information provided. By clicking on the Grant Number for the subaward(s), you can view detailed information, including: *Grant Number* (at top right of the screen), *Project Title*, *Organization Information*, *Primary Contact Name*, *Authorizing Official Information*, *Agency Information*, *Request Information*, *Budget Information*, and other project information. A copy of the *Award Letter* for each subaward is also provided near the bottom of the detailed grant information page.
- C. The **Payments** section provides information on payments completed. Payments are made after submission and approval of Reimbursement Requests.
- D. The **Reports** section lists current Reimbursement Requests and Final Reports, with a *Due Date* and *Status* for each. A Reimbursement Request may be submitted any time after the completion of a training event but no later than 45 days past the grant end date. Click on the subcategories "Reports Due," "Overdue Reports," "Revisions Needed," "Submitted Reports," or "Completed Reports" in this section to view reports, by status.

Step-By-Step Reimbursement Request Instructions

This section contains a step-by-step guide for completing online Reimbursement Requests through the Preventive Controls Alliance Training Grant Portal. For each Reimbursement Request, grantees must:

- Access the REIMBURSEMENT REQUEST FORM;
- Confirm the PAYEE CONTACT INFORMATION;
- Complete the REPORT INFORMATION section;
- Complete the EXPENSE REIMBURSEMENT section;
- Upload the required DOCUMENTS;
- Check the verifications in the REQUIRED VERIFICATIONS section;
- Save and Submit the REIMBURSEMENT REQUEST.

STEP 1 – ACCESS REIMBURSEMENT REQUEST FORM

After each approved training is complete, open the corresponding Reimbursement Request:

- A. Scroll down to the **Reports** section and click on the “Reports Due” link underneath to access the Reimbursement Request form. (It will populate in the middle column.) After clicking on the report listed in the middle column, the report information will appear on the right-hand side. If the report is past due, click on “Overdue Reports” in the left-hand column to begin submission.
- B. Click the blue “Edit” button in the upper right corner to begin filling out the form. Use the blue “Save” button in the lower right corner to save your work. You can come back and continue working on the report at any time. (We recommend saving often during the process to ensure work is captured.)

STEP 2 – CONFIRM PAYEE CONTACT INFORMATION

Confirm the organization’s Payee Contact Information by using the drop-down box provided to answer “Yes” or “No” to each of the following questions (Note: A reimbursement check will only be made payable to your organization as a whole and cannot be made payable to any individual):

- A. *Our records indicate the following information for your organization.* (The organization’s name will populate.) *The reimbursement check will be made to the organization name we have on file. Is this the correct payee name?* If answering “No,” use the text box that appears to provide the organization’s correct payee name.
- B. *Our records indicate the following address information for your organization.* (The organization’s address will populate.) *Is this the correct payee address?* If answering “No,” use the text box that appears to provide the organization’s correct payee address.
- C. *Our records indicate the following person is the Primary Contact for the grant related to this reporting requirement.* (The organization’s Primary Contact name will populate.) *I affirm that the Primary Contact information is current and correct.* If answering “No,” use the text box that appears to provide updated primary contact information. (Include the full name, title, email address, and phone number.)

STEP 3 – COMPLETE REPORT INFORMATION

Enter all required information, including:

- A. **AGENCY TRAINING:** For each completed course delivered by your agency using award funds, for the time period covered by this Preventive Controls Training Reimbursement Report, please provide the following information.
 - i. *Enter the number of staff from your agency who attended the course.* (Use the drop-down to enter the number of Agency Staff Attendees.)
 - ii. *Enter the number of staff from other agencies who attended the course.* (Use the drop-down to enter the number of Other Agency Staff Attendees.)
 - iii. *Did 100% of the attendees listed above receive a course certificate?* (Use the drop-down to answer “Yes” or “No.” If answering “No,” provide answers to the following three prompts that appear: 1) Use the drop-down to enter the number of staff from your agency who attended the course but did not receive a certificate; 2) Use the drop-down to enter the number of staff from other agencies who attended the course but did not receive a certificate; 3) Use the text box to provide a “No Certificate Rationale” to explain why some personnel did not receive course certificates.)
- B. **OUTSIDE TRAINING ATTENDEES:** For courses where you sent personnel for training, but your agency was not responsible for the delivery of the course, for the time period covered by this Preventive Controls Training Reimbursement Request, please provide the following information.
 - i. *Enter the total number of staff from your agency who attended the courses where the delivery of the course was arranged and/or paid for by another agency or entity.* (Use the drop-down to enter the number of Outside Training Attendees.)
 - ii. *Did 100% of the Outside Training Attendees from your agency included above receive a course certificate?* (Use the drop-down to answer “Yes” or “No.” If answering “No,” provide answers to the following two prompts that appear: 1) Use the drop-down to enter the number of staff from your agency who attended the course but did not receive a certificate; 2) Use the text box to provide a “No Certificate Rationale for Outside Training,” explaining why some personnel did not receive course certificates.)
- C. **LEAD TRAINER-LED COURSES:** For courses where agency staff were taught by a Lead Trainer (funded by your award), for the time period covered by this Preventive Controls Training Reimbursement Report, please provide the following information.
 - i. *Enter the total number of staff from your agency who attended a Preventive Controls training course, delivered by a Lead Trainer from your agency, funded by your award.* (Use the drop-down to enter the number of Lead Trainer Led course attendees.)

STEP 4 – COMPLETE EXPENSE REIMBURSEMENT

Use the text boxes in this section to itemize all expenses for this Reimbursement Request. 10 line items for expenses are provided. You are not required to use all 10 spaces. The total amount for all expenses listed here will be the total amount for the Reimbursement Request—this amount will auto-calculate. If expenses exceed 10 line items, please consolidate expenses into categories, such

as travel, meals, etc. Provide a description of the expense in the *Line Item* field and the total amount for the expense in the *Cost* field.

Example: FSPCA Preventive Controls for Human Food Course

Line Item 1: Travel to Dallas, Texas

Cost 1: \$500

Line Item 2: Hotel in Dallas, Texas (2 nights)

Cost 2: \$440


Line Item 3: Per Diem while in Dallas, Texas (2 travel days, 1 full day)


Cost 3: \$165

Total Reimbursement Request: \$1,105

**This total will auto-calculate at the bottom.*

STEP 5 – UPLOAD DOCUMENTS

Use the  button to the right of each document type to open the matching document upload window. Attach the following documents:

- A. LIST OF ATTENDEES OR COURSE ROSTER (REQUIRED): *Attach a scanned PDF copy of a Course Roster (for agency-led course) and/or a List of Attendees for all agency employees covered by this Reimbursement Request. For each person listed, be sure to note the Course Name, Location, and Dates of the course they attended, and whether they attended an Agency Course, an Outside Course, or a Lead Trainer-Led Course. Please highlight the name(s) or otherwise clearly denote each participant approved in the grant for whom you are seeking reimbursement. (We understand a course roster may have additional participants outside of your agency, so please just highlight those for whom you are seeking reimbursement.)*
- B. EXPENDITURE VERIFICATION (REQUIRED): *Attach a scanned PDF copy of Expenditure Verification for all expenditures. Verifying documents include receipts, invoices marked paid, expenditure reports, mapped documentation of mileage, and any other pertinent information as requested by the FDA or the Preventive Controls Grants Management Team. All supporting documents should be included in the order the expenses are listed above in the previous EXPENSE REIMBURSEMENT section.*
- C. ADDITIONAL DOCUMENTS (OPTIONAL): *To upload any additional documents, click the  button in the "Report Documents" section and select documents by clicking "add files" in the pop-up window. Once the document has been added, click "Start Upload." Close the document upload box when the upload is confirmed.*

STEP 6 – COMPLETE REQUIRED VERIFICATIONS

Carefully complete the following to submit the Reimbursement Request:

- A. *I will be submitting additional Reimbursement Reports during the grant period. (Use the drop-down to answer "Yes" or "No." If answering "Yes," the grants administrator will upload a new Reimbursement Request to the grants management system to be submitted after the next completed training.)*

- B. To submit the form, verify the following statements by clicking each checkbox. (Click a checkbox, and a pop-up box will appear. The pop-up box has a *Note* field. Leaving a note here is optional. Click the “Save” button to save each checkmark. (*Important: Once checked, these cannot be unchecked.*)
- i. I confirm I have uploaded a Course Roster or List of Attendees.
 - ii. I confirm I have attached verifying documentation.

STEP 7 – SAVE AND SUBMIT

Carefully review all required information after entering it into the Reimbursement Request. Click the blue “Save” button at the bottom right corner of the screen. (We recommend saving often during the process to ensure all work is captured.) Note: Saved Reimbursement Requests may be viewed by clicking under the **Reports** section in the menu on the left panel of the grants management system. The Reimbursement Request cannot be submitted until all required fields are complete. To make changes, click the “Edit” button at the top right corner of the screen. Click the green “Submit” button in the bottom right corner of the screen to submit the Reimbursement Request. A *Note for Submit* box will appear, but it is not required to enter any notes. Click “OK.” The Reimbursement Request may now be viewed under **Submitted Reports**.

Step-by-Step Final Report Instructions

This section contains a step-by-step guide for completing the online Final Report through the Preventive Controls Alliance Training Grant Portal. To submit the Final Report, grantees must:

- Access the FINAL REPORT FORM;
- Review the cumulative REPORT INFORMATION;
- Provide your agency's 2018 PROJECTED TRAINING NEEDS;
- Complete the 2017 TRAINING FINAL QUESTIONS section;
- Save and Submit the FINAL REPORT.

STEP 1 – ACCESS FINAL REPORT FORM

After your agency completes its final training, submit the last Reimbursement Request. Your grants administrator will notify you by email once a Final Report is available in the **Reports** section. The Final Report will only become available once the last Reimbursement Request has been reviewed and is ready to approve. Then:

- A. Scroll down to the **Reports** section and click on the “Reports Due” link underneath to access the Final Report form. (It will populate in the middle column.) The report will appear in the middle column. Click on it there, and the report information will appear on the right-hand side. (If the report is past due, click on “Overdue Reports” in the left-hand column to begin submission.)
- B. Click the blue “Edit” button in the upper right corner to begin filling out the form. Use the blue “Save” button in the lower right corner to save and come back to the report at any time. (We recommend saving often during the process to ensure work is captured.)

STEP 2 – REVIEW REPORT INFORMATION

Review the rollout information, which will populate from your agency's original Application and cumulative (one or more) Preventive Controls Training Reimbursement Requests. The following cumulative information will appear in blue:

- A. FROM YOUR AGENCY'S APPLICATION: Information populated from the application in this section will include: *Total Number of Staff Trained as a Result of a Fully Funded Project, Total Project Request Amount, Average Cost of Training Per Person, Budget Narrative, and Budget Narrative Description.*
- B. FROM YOUR AGENCY'S CUMULATIVE TRAINING REIMBURSEMENT REQUEST(S): Information populated from the Reimbursement Request(s) will include: *Total Number of Staff From Your Agency Who Attended a Course, Total Amount Reimbursed to Date, and Average Cost of Training Per Person.*
 - i. If the Average Cost of Training Per Person from your cumulative reimbursements exceeds the amount from the application by 10% or more (Example: The requested amount from the application was \$1,900 per person, but the actual reimbursed cost was \$2,090 per person), please provide a detailed explanation of why costs were higher than anticipated. (Explain using the text box provided, which has a maximum of 1,500 characters)


STEP 3 – PROVIDE 2018 PROJECTED TRAINING NEEDS

Provide your agency's projected training needs for the 2018 Calendar Year:

- A. FSPCA PREVENTIVE CONTROLS: Provide the number of staff your agency was not able to train with the 2017 training funds, newly hired staff, projected new hires, etc. (Use the drop-down to provide the number of staff who will need to take the FSPCA Preventive Controls course.)
- B. FSPCA PREVENTIVE CONTROLS – LEAD TRAINER: Provide the number of staff your agency was not able to train with the 2017 training funds, newly hired staff, projected new hires, etc. (Use the drop-down to provide the number of staff who will need to take the FSPCA Preventive Controls – Lead Trainer course.)
- C. PLAN TO UTILIZE AGENCY STAFF: Do you plan to utilize agency staff, using the Lead Trainer model, to deliver any of your calendar year 2018 FSPCA Preventive Controls Courses? (Use the drop-down to answer "Yes" or "No." If answering "Yes," use the drop-down to project the number of agency staff that will be trained using your agency trainers during the 2018 calendar year.)

STEP 4 – COMPLETE 2017 TRAINING FINAL QUESTIONS

Provide responses to the following:

- A. THREE BENEFITS FROM THE 2017 AWARD: Please list up to three benefits to your agency from your 2017 Annual PC Training Needs Award. (Explain using the text box provided. Maximum of 1,500 characters)
- B. SUGGESTED CHANGES: Please provide any suggested changes (technical, administrative, or otherwise) that could improve this program for the funding of training in the future. (Explain using the text box provided. Maximum of 1,500 characters)
- C. RECOMMENDATION: Would you recommend this grant program to other agencies in the future? (Use the drop-down to answer "Yes" or "No." If answering "Yes," explain using the text box provided, which has a maximum of 1,500 characters)
- D. ADDITIONAL DOCUMENTS (OPTIONAL): To upload any additional documents, click the  button in the *Report Documents* section and select the desired document by clicking "add files" in the pop-up window. Once the document has been added, click "Start Upload." Close the document upload box when the upload is confirmed.

STEP 5 – SAVE AND SUBMIT

Carefully review all required information after entering it into the Final Report. Click the blue "Save" button at the bottom right corner of the screen. (We recommend saving often during the process to ensure all work is captured.) Note: Saved reports may be viewed by clicking under the **Reports** section in the menu on the left panel of the grants management system. The Final Report cannot be submitted until all required fields are complete. To make changes, click the "Edit" button at the top right corner of the screen. Click the green "Submit" button in the bottom right corner of the screen to submit the Final Report. A *Note for Submit* box will appear, but it is not required to enter any notes. Click "OK." The Final Report may now be viewed under **Submitted Reports**.

Final Reminders

A grants administrator will be in contact if there are any questions about a Reimbursement Request or the Final Report, or if any information is missing. Before any reimbursement is made, the grants administrator will confirm that all forms and documentation related to the project have been turned in and are complete. Note: Before the final reimbursement is made, the grants administrator will confirm that the Final Report has also been submitted and approved. Use your login and password to access the grants management system to check on the status of submitted reports. Most reports will be processed within one week. Click on “Completed Reports” under the **Reports** header to check for approval. Once each Reimbursement Request or the Final Report shows as “Approved,” you can expect payment in 2 - 4 weeks. A check for the reimbursement amount will be made out to the Payee as specified in the Reimbursement Request and mailed to the address provided under “PAYEE CONTACT INFORMATION.” Once a payment has been made, the amount, paid date, and check number of the payment will appear in the **Payments** section of the grants management system. If you have any questions, please contact the Preventive Controls Grants Management Team at 1-850-583-4593 or pcgrants@afdo.org.