

FY 23/24 Grant Reimbursement Training Presentation Category B and C-II

AGENDA

- What's New/Updates
- Things to Note for Expense Categories
- Grantee Toolkit

Forms

What's New/Reminders

- New Website
- Virtual Programming no longer reimbursable
- Travel/Supplies/Other no longer a budgeted line item
- Co-op marketing opportunities <u>www.palmbeachculture.com/coop</u>
- Reference Reimbursement Guidelines when completing a reimbursement request
- Utilize Brand Standards Manual for logo usage, i.e.logo size, logo order etc. (grantee toolkit)
- Reimbursements must be submitted quarterly contractual obligation
- Gather payment & supporting documentation throughout the year
- One point of contact at cultural organization that works with other departments to gather documentation for reimbursement
- Program and budget amendments must be submitted no later than 6/28/24 for consideration and prior to submitting a reimbursement
- Credit Cultural Council, TDC and County logos must be present on all grantee websites and all marketing materials that are being requested for reimbursement
- Please alert us to any contact or address changes
- Reimbursements that require major corrections will be returned to the grantee and a corrected reimbursement will need to be submitted to the Cultural Council

Things to note for expense categories

Personnel: Marketing (p.6)

- Holiday, PTO, personal, bereavement, sick hours are not reimbursable and must be excluded. Requests start 10/1
- OPS: Artistic (p.6)
 - Include executed contracts with scope of work & invoices
 - Contracts must be signed & dated in all places by all parties
 - Include any exhibits and addendums stated in contract
- OPS: Marketing/PR (p.6)
 - Include executed contracts with scope of work & invoices
 - Contracts must be signed & dated in all places by all parties
- **OPS: Other** (p.6)
- Space Rental (p.6)
- Marketing/Advertising (pp. 7-8)
 - Website/Facebook/Social Media. If a digital ad does not have the required logos, you must provide a screenshot of a visible and clickable link in the ad that sends the viewer to the grantee landing page where logos are present. In addition, include the landing page with logos.
 - Submit screenshots of social media or website ads from the time the ads were posted or when the ad(s) were running.

Things to note continued

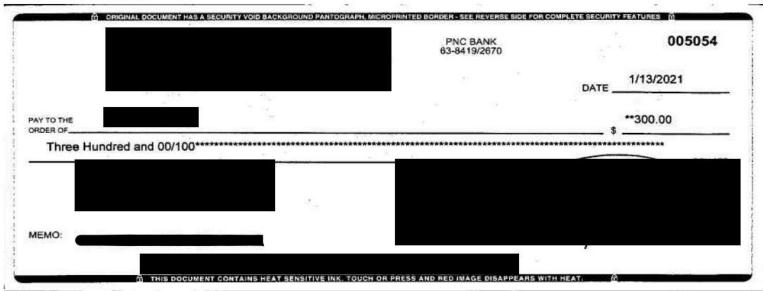
- Every expense you submit must be tied to an approved program on your exhibit A, in your executed contract. If not, you must submit a program amendment.
- Do not submit drop box, YouTube or other links as samples of work. Screenshots must be included with approved program clearly listed and required logos for each expense submitted.
- Submit multiple copies of a document if it is supporting multiple expenses (i.e. bank statement showing cleared checks for various expenses throughout the reimbursement).
- When the payment amount is higher than invoice amount, you must provide supporting documentation (i.e. include check register listing all expenses paid for with the check or include additional invoices paid for with the check)
- Utilize the space on the summary of expenses sheet to describe the expense, as invoices
 often don't provide detail linking the expense to the approved program. Make sure data
 entered on the sheet matches supporting documentation(i.e. invoice dates)
- When invoices list multiple expenses (i.e. Facebook, PB Post), you must provide the ad/backup for each of the expenses listed that you are looking for reimbursement on.
- Expenses over \$5,000 require a contract
- Tear sheets are acceptable
- Advertisements must have a date
- Do not staple or double side documents & highlight in yellow only. Documents need to be legible.
- Logos must be in the correct order and size
- If you have expenses that are unusual or complex, please provide an explanation sheet to avoid any confusion and to keep the reimbursement review moving.

Samples of acceptable back-up documentation

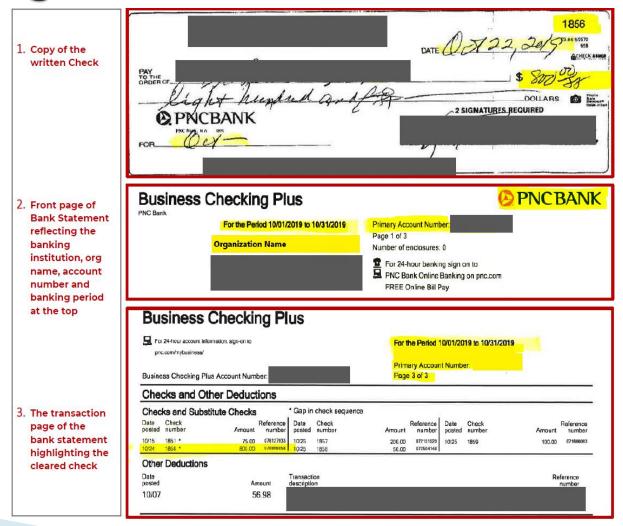
Online Cleared Check

Date	Description	Amount	Account
01/22/2021	Check 5054	\$300.00	

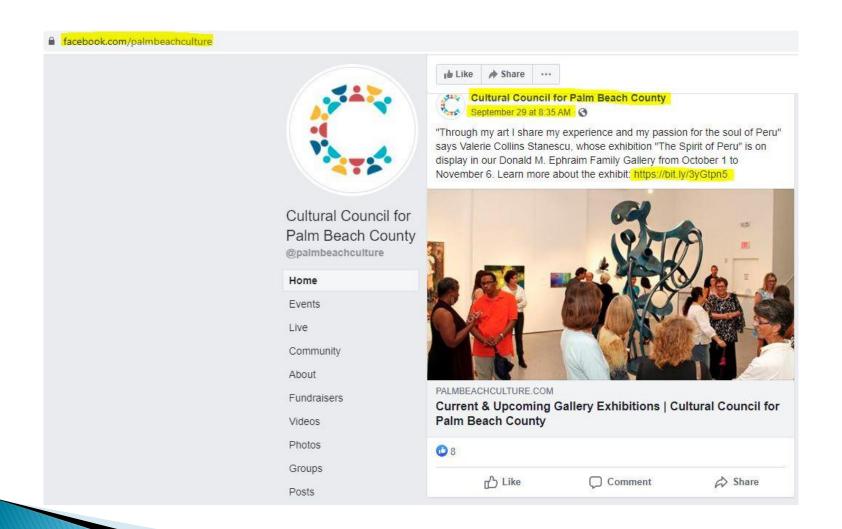
This is an image of a check, substitute check, or deposit ticket. Refer to your posted transactions to verify the status of the item. For more information about image delivery click here or to speak with a representative call: 1-888-PNC-BANK (1-888-762-2265) Monday - Friday: 7 a.m. - 10 p.m. ET, Saturday & Sunday: 8 a.m. - 5 p.m. ET.



Sample - Copy of check & bank statement showing when check cleared



Sample - Facebook Ad with Link to Landing Page



Sample - Facebook Ad Landing Page #1



Exhibitions Sponsored by:













Sample - Facebook Ad Landing Page #2



Exhibitions Sponsored by:













Cultural Council Website is your Main Resource:

https://www.palmbeachculture.com/our-impact/grant-programs/

- Category B:
- https://www.palmbeachculture.com/our-impact/grant-programs/cultural-tourism-category-b/



- Category C-II:
- https://www.palmbeachculture.com/our-impact/grant-programs/cultural-marketing-category-cii/



Getting Familiar with the Grantee Toolkit

Required Logos and Usage Guidelines for Grantees »

All Cultural Council for Palm Beach County grant recipient organizations are required to use the appropriate logos as detailed in their respective reimbursement guidelines, and must follow usage guidelines in the Cultural Council's Brand Standards Manual for Grant Recipients. **Download logos and usage guidelines here** »

*To request any forms in a different format, or if you have specific questions about this grant program, please contact the Cultural Council Grants Department: grants@palmbeachculture.com | (561) 214-8087

6. Application Training Presentation

GRANTS CALENDAR

GRANTS PORTAL

Grantee Toolkit

- 1. FY23/24 Exhibit B (Contract)
- 2. Reimbursement Guidelines FY22/23
- 3. Reimbursement Cover Sheet FY23/24
- 4. Summary of Expenses FY23/24

7. Employee Payroll Worksheet:

- 5. Program Amendment Request FY23/24
- 6. Budget Amendment Request FY23/24
- Bi-Weekly | Semi-Monthly | Part-Time
- 8. Mileage Reimbursement Form (2023)
- 9. FY22/23 Final Report Income/Expense Exhibit B
- 10. Executive Summary FY22/23
- 11. Brand Standards Manual FY22/23
- 12. Reimbursement Training Presentation FY22/23
- 13. Contract Renewal Training Presentation FY23/24

Forms

Acct # 1455-710-7014-8201					
Cultural Cou	ıncil for Palr	n Beach	County		
	eimbursement		-		
	Category B Gra	nt - FY 2023	3/24		
				0	
Organization:				Contract R#:	
Mail Check to:				Vendor#:	
City, State, Zip Code:				Insurance Expires:	
Grant Contact:			Phone #:		
E-Mail:		Total	Marketing Dollars	(Spent to Date):	
SUBMIT: 1. This Cover Sheet 2. C	ategory Summary	of Expense Fo	rm(s) 3. All require	ed backup Docum	nentation
	Approved Grant	Total Prior	Current	Total Requests	Balance
Allowable Expense Budget Categories	Budget*	Requests	Request	to Date	Remaining
Personnel:Marketing (50% of allowable)				\$ -	\$ -
Outside Professional Services: Artistic				\$ -	\$ -
Outside Professional Services: Marketing/Pl	₹			\$ -	\$ -
Outside Professional Services: Other				\$ -	\$ -
Space Rental for Program				\$ -	\$ -
Marketing/Advertising				\$ -	\$ -
Travel/Supplies/Other				\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -
			Proof		
CERTIFICATION: I certfy that the ALL inform	nation in this reques	t is true and cor	rect to the best of m	y knowledge.	
Typed Name and Title				Fed. ID#	1
Typed Name and Title				Fed. ID #	
Executive Director or Chief Financial Office	or Signaturo			Date	
(Sign in Blue Ink Only)					
*These are the amounts listed in the orga			sly been approved via	a program/budget a	mendment
For Cultural Council	Office Use Only		-		
Invoice B-24- Batch #			Rec	eived by CC on:	
FY 24 Award: \$			Amount Approve	ed: \$	
Prior Balance: \$			New Balance: \$		
Reviewed by:					
Grants Director/Date	Chief Financial O			President & CEO	
	Griffer Fillanicial O	mcer/Date		r resident & CEC	n Date
Approved by:					
TDC (Signature)/Date			TDC (Signature)	/Date	
Cultural Council for Palm Beach County	601 Lake			Lake Worth Bea	- L FI 00400

					TOURISM DEVELOPMENT FUND		
			CA		23/24 GRANT REIMBURSEMENT REQUEST egory Summary of Expenses		
ORC	SANIZATIO	ON NAME		Juli	agory Cammary Cr Expenses	DATE	
		ATEGORY	Т			PAGE(S):	1 of 1
Item #	Date of Invoice/ Event	Invoice Number	*C (x)	Payee	Purpose: Briefly describe expense and include name of program from Exhibit A	Check #/ (EFT/ACH)	Amount
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
					EXPENSE TOTAL(S)	THIS PAGE	\$ -
OTAL	EXPENSES				RY (enter AMOUNT on page 1 onlyleave other pages blank)**		
					CATEGORY (will match request amount on cover sheet)		
*C =	Contract, ma	ark with x if ap	plicat	JiG.	rill match or exceed current category request amount listed or ILTURAL COUNCIL OFFICE USE ONLY	n cover sheet	
					PPROVED PAYMENT AMOUNT/THIS PAGE ONLY	\$	
тс	OTAL APPI	ROVED PAY	MEN	IT AMOUNT FOR	CATEGORY/CATEGORY TOTAL THIS REQUEST	\$	

		egory B Budge FY 202		•	
Organization:		F1 202	3/24	Contract R#	
Address:				Contract IV #	
City, State, Zip Code:					
Contact:					
contact.		_			
Enter the allocations of your	Contractual	Budget as well as	the line item(s) be	ing increased and/	or decreased.
Allowable Expense Budget	Categories	Current Contractual Program Budget	Budget Increase	Budget Decrease	Adjusted Budge
Personnel: Marketing		Program Budget			\$0.0
Outside Professional Services:	Artistic				\$0.0
Outside Professional Services:	Marketing/PR				\$0.0
Outside Professional Services:					\$0.0
Space Rental for Program					\$0.0
Marketing/Advertising					\$0.0
Travel/Supplies/Other					\$0.0
•••					
Provide a brief explanation	below, desc	\$0.00 ribing the reason(s	\$0.00 s) for your budget c	\$0.00 hange(s):	\$0.0
Provide a brief explanation		ribing the reason(s	s) for your budget c	hange(s):	
	t the informa	ribing the reason(s	s) for your budget c	hange(s):	
Provide a brief explanation CERTIFICATION: I certify tha	t the informa	ribing the reason(s	s) for your budget c	hange(s): tt to the best of my Date	
Provide a brief explanation CERTIFICATION: I certify tha Executive Director or CFG (Sign in Size list only)	t the information of the state	ribing the reason(s	b) for your budget c	hange(s): tt to the best of my Date	knowledge.
Provide a brief explanation CERTIFICATION: I certify tha Executive Director or CFG	t the informa	ribing the reason(s	s) for your budget c	hange(s): tt to the best of my Date	
Provide a brief explanation CERTIFICATION: I certify tha Executive Director or CFC (Sign in Blue bit only) Received:	t the information of the state	ribing the reason(s	at is true and correct I Office Use Only File Updated:	hange(s): It to the best of my Date	knowledge.
Provide a brief explanation CERTIFICATION: I certify tha Executive Director or CFG (Sign in Black in only) Received: Reviewed By:	t the information of the state	ntion in this reques	at is true and correct I Office Use Only File Updated:	hange(s): It to the best of my Date	(Date)

	Cate	al Council for Palm Beacl Egory B Program Amend		
	•	FY 2023/24		
Organization		11 2025/24	Contract R #	
Organization:			Contract K #	1
Address:				
City, State, Zip Code:				
Contact:				
Provide a detailed explana	ation below, s	specifiying the reason(s) for your	program change(s):	
		, , , , , , , , , , , , , , , , , , , ,		
CERTIFICATION: I certify the	nat the informa	ation in this request is true and c	orrect to the best of my	v knowledge.
CERTIFICATION: I certify the	nat the informa	ation in this request is true and c	orrect to the best of my	/ knowledge.
·				r knowledge.
Executive Director or Ci			orrect to the best of my	/ knowledge.
·	FO Signature	9	Date	v knowledge.
Executive Director or Ci (Sign in Blue Ink only)	FO Signature	Cultural Council Office Use	Date Only	
Executive Director or CI (Sign in Blue Ink only) Received:	FO Signature	Cultural Council Office Use	Date Only	v knowledge.
Executive Director or Ci (Sign in Blue Ink only)	FO Signature	Cultural Council Office Use	Date Only	
Executive Director or CI (Sign in Blue Ink only) Received:	FO Signature	Cultural Council Office Use	Date Only	
Executive Director or CI (Sign in Blue Ink only) Received: Reviewed By:	FO Signature	Cultural Council Office Use	Date Only ated:	(Date)
Executive Director or Ci (Sign in Blue hix only) Received: Reviewed By: Grants Director/Date	FO Signature	Cultural Council Office Use	Date Only ated:	(Date)
Executive Director or CI (Sign in Blue Ink only) Received: Reviewed By:	FO Signature	Cultural Council Office Use	Date Only ated:	(Date)
Executive Director or Ci (Sign in Blue hix only) Received: Reviewed By: Grants Director/Date	FO Signature	Cultural Council Office Use	Date Only ated:	(Date)
Executive Director or Ci (Sign in Blue hix only) Received: Reviewed By: Grants Director/Date	FO Signature	Cultural Council Office Use	Date Only steet:	

REQUIRED LOGOS (3)

https://www.palmbeachculture.com/our-impact/grant-programs/cultural-council-and-palm-beach-county-logos/







Per branding guidelines, logos cannot be smaller than .25" in height

Logo Usage & Taglines

- When participating in co-op advertising programs with the Cultural Council, logos are not necessary or required. The Council will handle all logo requirements in the branding of the co-op section
- Refer to the reimbursement guidelines for radio & TV tagline usage for in-county and out-of-county

Don't forget

List all your organizations program/events on Cultural Council Website:

http://events.palmbeachculture.com/page/submit_event

List each event separately

Remember Check the Reimbursement & Branding Guidelines First!

For all other questions, please contact Stephanie Issac or Julian Crewe

sissac@palmbeachculture.com (561) 472-3342

<u>jcrewe@palmbeachculture.com</u> (561)472-3347