

FY 23/24 Category C1

**GRANT REIMBURSEMENT TRAINING PRESENTATION** 

# **Agenda**

What's New/Reminders

Things to Note for Expense Categories

Grantee Toolkit

Forms

# What's New/Reminders

- New Website
- Virtual Programming no longer reimbursable
- Reference the Reimbursement Guidelines (grantee toolkit)
- Utilize Brand Standards Manual for logo usage (grantee toolkit)
- Reimbursements must be submitted no later than 60 days after the event
- Gather payment & supporting documentation throughout the year
- Program and budget amendments must be submitted no later than 6/28/24 and prior to submitting a reimbursement
- Final reimbursement due no later than 9/6/24
- Credit Cultural Council and County logos must be present on all grantee websites
- 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: Artistic or Technical

Holiday, PTO, personal, bereavement, sick hours are not reimbursable and must be excluded

#### OPS: Artistic

- 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

- Include executed contracts with scope of work & invoices
- Contracts must be signed & dated in all places by all parties

#### OPS: Other

#### Space Rental

#### Marketing/Advertising

- Website/Facebook/Social Media. If an ad does not have the required logos, you must provide a screenshot of a visible and clickable link that sends the viewer to the grantee landing page where logos are present. Include the landing page with logos also.
- Submit screenshots of social media or website ads from the time the ads were posted or when the ad(s) were running.

#### Travel/Supplies/Other

# Things to note continued

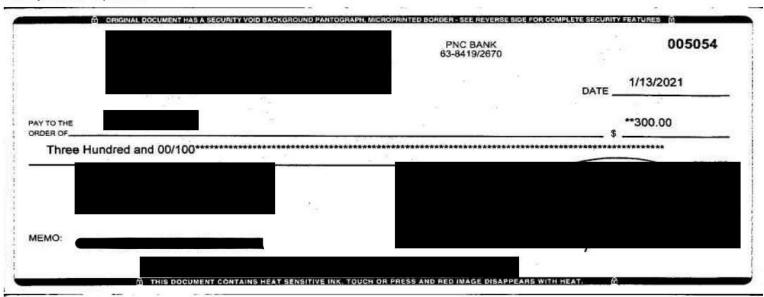
- Every expense you submit must be tied to an approved program on your exhibit A, in your executed contract. If not, you must submit a program amendment.
- Do not submit drop box, YouTube or other links as samples of work. Screenshots must be included with approved program clearly listed and required 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 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 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.
- When ad invoices list multiple expenses (i.e. Facebook, PB Post), you must provide the ad for each expense line item.
- Expenses over \$5,000 require a contract
- Tear sheets are acceptable
- Do not staple or double side documents & highlight in yellow only
- Documents need to be legible
- Logos must be in the correct size and order
- 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

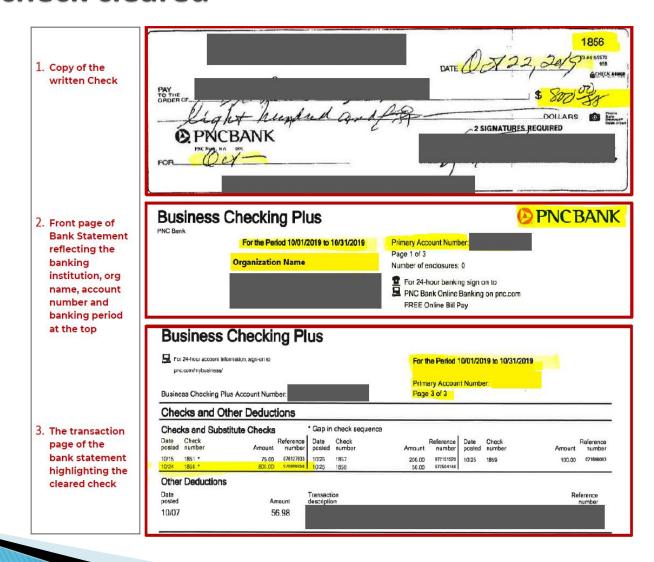
### Cleared Check

PNC Online Ba	nking .			
Date	Description	Amount	Account	
01/22/2021	Check 5054	\$300.00		

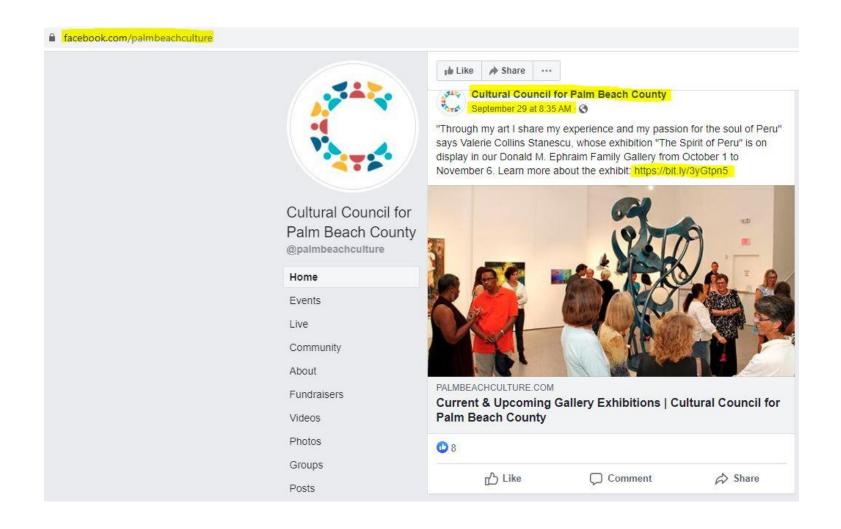
This is an image of a check, substitute check, or deposit ticket. Refer to your posted transactions to verify the status of the item. For more information about image delivery click here or to speak with a representative call: 1-888-PNC-BANK (1-888-762-2265) Monday - Friday: 7 a.m. - 10 p.m. ET, Saturday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

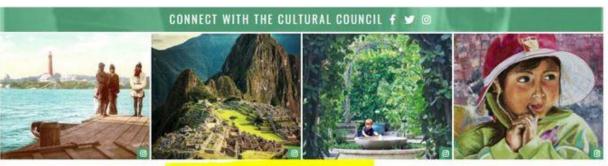


### Sample - Facebook Ad Landing Page #1



Exhibitions Sponsored by:











### Sample - Facebook Ad Landing Page #2

palmbeachculture.com/artist-community/current-gallery-exhibitions/

THINSS 10 DO SUPPORT THE COUNCE ARTIST COMMUNITY PARTIES RESOURCES ABOUT US Q.

#### DONALD M. EPHRAIM FAMILY GALLERY

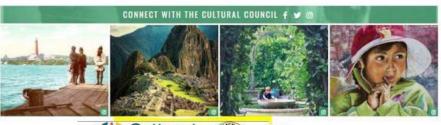


Valerie Collins Stanescu: The Spirit of Peru Exhibition: October 1 - November 6, 2021

"Sorn and raised in Peru, yet forced to leave the country due to policical univers. I've always missed my country and the beautiful people I left behind. Their respect for home, family, name, and traction is their long-lasting outbree. Division of wealth continues their and in now becoming recomment workloads. Upon my return. I traveled through the Andes and looked into the eyes of the children, and others. If left their strife and struggles, their love and beauty, and their hopes and dreams. Through my art I share my experience and my passion for the soul of Peru."

Exhibitions Sponsored by:











### **Cultural Council Website is your Main Resource:**

<a href="https://www.palmbeachculture.com/our-impact/grant-programs/">https://www.palmbeachculture.com/our-impact/grant-programs/</a>

#### **Category CI:**

https://www.palmbeachculture.com/our-impact/grant-programs/small-or-emerging-organizations/



### **Getting Familiar with the Toolkit**



Forms needed to complete a reimbursement packet found here

#### **Grantee Toolkit**

- 1. Executive Summary FY23/24
- 2. Reimbursement Guidelines FY23/24
- 3. Reimbursement Cover Sheet FY23/24
- 4. Summary of Expenses FY23/24 | Summary of Expenses for Salaried Employees
- 5. Program Amendment FY23/24
- 6. Budget Amendment FY23/24
- 7. Time Sheet | Hourly Rate Calculator
- 8. Mileage Log 2023
- 9. FY22/23 Final Report Income/Expense Exhibit B
- 10. Exhibit B-1 (Contract)
- 11. Brand Standards Manual FY23/24

# **Forms**

Acct # 0001-743-7136-8201					
Cultural Co	uncil of Pali	m Beach	County		
Re	eimbursement	Cover She	et		
C	ategory CI Gr	ant - FY 202	3/24		
Organization:				Contract R#:	D2022-1267
				CONTIACT N#.	R2023-1207
Mail Check to:					
City, State, Zip Code:					
Grant Contact:			Phone #:		
E-Mail:					
SUBMIT: 1. This Cover Sheet 2. C	ategon/ Summan/	of Evpanea Ec	rm(e) 3 All requir	ad backup Docu	mentation
SOBINIT. 1. This cover cheet 2. C	Approved Grant	Total Prior	Current	Total Requests	Balance
Allowable Expense Budget Categories	Budget*	Requests	Request	to Date	Remaining
Personnel:Artistic/Technical				\$ -	\$ -
Outside Professional Services: Artistic				\$ -	\$ -
Outside Professional Services: Marketing/P	R			\$ -	\$ -
Outside Professional Services: Other				\$ -	\$ -
Space Rental for Program				\$ -	\$ -
Marketing/Advertising				\$ -	\$ -
Travel/Supplies/Other				\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -
CERTIFICATION: I certfy that the ALL inform	mation in this reque	est is true and o		mv knowledge.	
Typed Name and Title				Fed. ID #	
Executive Director or Chief Financial Office				Date	
*These are the amounts listed in the orga			sty been approved vis	a program/budget a	imenament
For Cultural Council (	Office Use Only	<i>y</i>			
Invoice CI-24- Batch #				eived by CC on:	
FY 24 Award: \$	-		Amount Approve	d: \$	
Prior Balance: \$			New Balance: \$		
Reviewed by:					
Grants Director/Date	Chief Financial C	Officer/Date		President & CEC	)/Date
Approved by:					
OFMB Director:					
C. MB Bilector.	Sherry Brown (S	Signature)		Date	
	Siletry Brown (	ignature)		Dute	

Contract # is **R2023-1267** 

					JRAL DEVELOPMENT FUND  23/24 GRANT REIMBURSEMENT REQUEST		
					egory Summary of Expenses		
ORG	GANIZATIO	ON NAME				DATE	
EXF	PENSE CA	ATEGORY				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	\$ -
	TOTAL E	XPENSES for a	ıll pag	es Submitted FOR THIS CA	ATEGORY (enter AMOUNT on page 1 onlyleave other pages blank)**		
					FOR CATEGORY (will match request amount on cover sheet)		
*C =	Contract, m	ark with x if ap	plicat		t will match or exceed current category request amount listed on c JLTURAL COUNCIL OFFICE USE ONLY	over Stieet	
					APPROVED PAYMENT AMOUNT/THIS PAGE ONLY	\$	
	TOT	AL APPRO	VED	PAYMENT AMOUNT	FOR CATEGORY/CATEGORY TOTAL THIS REQUEST	\$	

#### **Cultural Council for Palm Beach County** Category CI Budget Amendment FY 2023/24 Organization: Contract R #: R2023-1267 Address: City, State, Zip Code: Contact: Phone #: Enter the allocations of your Contractual Budget as well as the line item(s) being increased and/or decreased. Current Allowable Expense Budget Categories Budget Decrease Adjusted Budget Contractual Budget Increase Program Budge Personnel: Artistic or Technical \$0.00 Outside Professional Services: Artistic \$0.00 Outside Professional Services: Marketing/PR \$0.00 Outside Professional Services: Other \$0.00 Space Rental for Program \$0.00 Marketing/Advertising \$0.00 Travel/Supplies/Other \$0.00 TOTALS \$0.00 \$0.00 \$0.00 Provide a brief explanation below, describing the reason(s) for your budget change(s): CERTIFICATION: I certify that the information in this request is true and correct to the best of my knowledge. Executive Director or CFO Signature (Sign in Blue Ink only) For Cultural Council Office Use Only Received: (Date) File Updated: (Date) Reviewed By: Approved by:

Chief Financial Officer/Date

Cultural Council for Palm Beach County 601 Lake Avenue, Lake Worth Beach, FL 33460

President & CEO/Date

(561) 471-2901

Grants Director/Date

	Cate		Palm Beach Co am Amendme		
		FY 202	3/24		
rganization:				Contract R#	R2023-1267
ddress:					
ity, State, Zip Code:	:				
ontact:					
			T	·	
rovide a detailed exp	planation below, s	pecifiying the reas	son(s) for your prog	ram change(s):	
ERTIFICATION: I certi	ify that the informa	ition in this reques	st is true and correc	ct to the best of my	knowledge.
ERTIFICATION: I certi	ify that the informa	ation in this reques	st is true and correc	ct to the best of my	knowledge.
ERTIFICATION: I certi	ify that the informa	tion in this reque:	st is true and correc	ct to the best of my	knowledge.
ERTIFICATION: I certi	ify that the informa	ation in this reque	st is true and correc	ct to the best of my	knowledge.
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	or CFO Signature			Date	knowledge.
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(Sign in Blue Ink only Received:	For (Date)	Cultural Counci	il Office Use Onl File Updated:	Date y	
Received:	For (Date)	Cultural Counci	il Office Use Onl File Updated:	Date y	(Date)
Received:	For (Date)	Cultural Counci	il Office Use Onl File Updated:	Date  y  President &	(Date)

### **REQUIRED LOGOS**

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

- Both (2) Logos required
- Easily Legible
- Same proportion for both





Per branding guidelines, <u>logos cannot be smaller than .25" in height</u>.

# **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
  - "Sponsored in part by the Palm Beach County Board of County Commissioners and the Cultural Council for Palm Beach County"

## Don't forget!

List all your organizations programs/events on the Cultural Council Website:

http://events.palmbeachculture.com/page/submit\_event

List each event separately

### Remember Check the Guidelines First!

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

sissac@palmbeachculture.com (561) 472-3342

jcrewe@palmbeachculture.com (561)472-3347