



Campus Compact
AmeriCorps

Campus Compact AmeriCorps Program

Financial Training Webinar



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Agenda

- What are the benefits?
- When can the benefits be used?
- How are the benefits accessed?
- What are the limitations?
- What about match?
- Personnel time
- Housing benefit
- Supplies



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What are the benefits?

Iowa Civic Action Academy, November 8 - 9, 2019 in Cedar Falls, Iowa

- \$75 scholarship to attend the
- Members and/or host sites can request travel assistance

Professional Development (Full time and half time only)

- \$1000 per member for allowable professional development activities approved by the supervisor and Iowa Campus Compact



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When can the benefits be used?

- Iowa Civic Action Academy
 - Use for members enrolled prior to Nov 8
- Professional Development
 - Earned for each member enrolled
- Members must be “active” or “in-service” to use benefits
- Use it or Lose it



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Before you buy anything, ask
IACC if it is reimbursable.



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How are the benefits accessed?

- Iowa Civic Action Academy
 - Scholarship: Members are given a code to use at registration.
 - Travel: Members or host sites can request travel reimbursement.
- Professional Development funds
 - All costs: Members or host sites can request reimbursement.



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Host site is requesting reimbursement

- Send IACC and invoice with supporting documentation
 - Types of supporting documentation include
 - Documented reason for travel
 - Exact mileage and mileage calculation (as appropriate)
 - Rental car purchase + Gas
 - Conference or training agenda
 - Paid airline receipt (as appropriate)
 - Meal receipt(s) as allowable to member travel policy
 - Other relevant documentation related to reimbursement



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We will not reimburse
mileage AND gas.



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What are the limitations?

- Member Travel
 - Travel to and from a training or workshop
 - Meals while travelling to professional development opportunities
 - Overnight costs associated with professional development opportunities
 - Event registration fees
 - Travel to complete the service project
- Supplies or membership that advance the full time or half time member's service project or professional development



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What is NOT an allowable expense?

- Costs incurred prior to the award
- Any prohibited activities
- All personnel costs including stipends to students, faculty, and staff
- Travel costs to and from the member's service site
- AmeriCorps member living allowance
- Shared supplies (e.g., copier paper, pens)
- Entertainment and alcohol
 - No amusement, diversion, or social activity costs are allowed (such as tickets to shows or sports events, or meals, lodging, rentals, transportation, or gratuities connected with attending entertainment events)
- Indirect costs (administrative support)
- Tuition or scholarships for AmeriCorps members



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Reasonable Purchases

- A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.



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Reasonable Purchases

- Member Travel
 - Lodging
 - Members are expected to use discretion in selecting a moderately priced motel or hotel, when possible, and will be reimbursed actual costs for such accommodations. Members are allowed to stay at the hotel/motel where the conference they are attending is being held.
 - Meals
 - If out of town for the entire day (involving an over-night stay), breakfast, lunch and dinner will be reimbursed.
 - Air Travel
 - Transportation by air will be at standard or coach class rates on scheduled airlines.



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Source of Match Policies

- Personnel costs
- Housing
- Supplies or other related costs



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Allowable Personnel Time

- Supervisors should track only the hours when they are directly supervising the member by providing oversight, training, or guidance to member(s).
- Most supervisors spend approximately 5-10% of their time supervising members.
- However, your time may vary depending on the complexity of the intervention, the experience of the member, the number of members receiving supervision, etc.



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Documenting Personnel and/or Benefits

- Completed background checks by IACC prior to documenting time
- Annual certification of salary and/or benefits that include
 - Written on institution letterhead
 - Hourly rate to be used to calculate contribution
 - Calculation of hourly rate, as appropriate
- Monthly timesheets that
 - Account for the staff person's total activity - not just time related to AmeriCorps.
 - Are be signed and dated by the host site supervisor and their direct supervisor for each month
 - Represent the actual time spent on the ICAP grant, not an estimate.
 - Are submitted within the first 5 working days of the month



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Background Checks

- Completed through a vendor called TrueScreen
 1. IACC enters your info into the system
 2. Truescreen invites you to send them a picture of your ID
 3. IACC verifies your identity
 4. Truescreen completes the check in about 3 business days



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Annual Certification of Salary

- We will send you a template.

<<THIS DOCUMENT MUST BE COMPLETED BY THE EMPLOYEES SUPERVISOR OR OTHER RELEVANT STAFF PERSON AT THE INSTITUTION (DIRECTOR OF HUMAN RESOURCES)>>¶

¶

<<PLEASE USE YOUR INSTITUTION'S LETTER HEAD>>¶

<<INSTITUTION ADDRESS>>¶

¶

<<DATE>>¶

¶

Emily Shields¶
Executive Director¶
Iowa Campus Compact¶
2500 Fleur Drive¶
Des Moines, Iowa 50321¶

¶

Re: Salary Verification¶

¶

Dear Ms Shields, ¶

¶

I'm writing this letter to verify the salary of <<EMPLOYEE NAME>> with regard to <<INSTITUTION NAME>>'s matching funds obligation for the Iowa College AmeriCorps Program. ¶

¶

<<YOU MAY INCLUDE WAGE AND/OR BENEFITS INFORMATION AT THE INSITUTION'S DISCRETION FOR CALCULATING THE HOURLY RATE.>>¶

¶

<<FOR SALARY EMPLOYEES>>¶

<<EMPLOYEE NAME>>'s current income is \$XX,XXX per year. <<EMPLOYEE NAME>>'s annual benefits package is valued at \$XX,XXX. We estimate <<EMPLOYEE NAME>> works X,XXX hours each year and value the hourly rate of <<EMPLOYEE NAME>>'s time and benefits at \$XX.XX per hour. ¶

¶

<<FOR HOURLY EMPLOYEES>>¶

<<EMPLOYEE NAME>>'s current hourly rate of pay is \$XX.XX per hour. <<EMPLOYEE NAME>>'s annual benefits package is valued at \$XX,XXX. We estimate <<EMPLOYEE NAME>> works X,XXX hours each year and value the hourly rate of <<EMPLOYEE NAME>>'s time and benefits at \$XX.XX per hour. ¶

¶

Should you have any questions, do not hesitate to contact me.¶

¶

Sincerely, ¶

¶

<<THIS DOCUMENT MUST BE COMPLETED BY THE EMPLOYEES SUPERVISOR OR OTHER RELEVANT STAFF PERSON AT THE INSTITUTION (DIRECTOR OF HUMAN RESOURCES)>>¶

<<SIGNATURE>>¶

<<NAME, TITLE, CONTACT INFO>>¶



Monthly Timesheets

We will send you a template

Complete timesheets are ..

- Signed and dated by you and your supervisor
- Filled in completely
- Show the cash value of your time.

AmeriCorps Program
Source of Match Timesheet

Your Name: Justin Ellis
Timesheet Start: 7/1/2019

Day	AmeriCorps	Other	Total
Monday, July 1, 2019	2	6	8
Tuesday, July 2, 2019	0	8	8
Wednesday, July 3, 2019	1	7	8
Thursday, July 4, 2019	0	8	8
Friday, July 5, 2019	0	8	8
Saturday, July 6, 2019	0	0	0
Sunday, July 7, 2019	0	0	0
Monday, July 8, 2019	2	6	8
Tuesday, July 9, 2019	0	8	8
Wednesday, July 10, 2019	1	7	8
Thursday, July 11, 2019	1	7	8
Friday, July 12, 2019	0	8	8
Saturday, July 13, 2019	0	10	10
Sunday, July 14, 2019	0	0	0
Monday, July 15, 2019	2	2	4
Tuesday, July 16, 2019	0	8	8
Wednesday, July 17, 2019	1	7	8
Thursday, July 18, 2019	0	8	8
Friday, July 19, 2019	0	8	8
Saturday, July 20, 2019	0	0	0
Sunday, July 21, 2019	0	0	0
Monday, July 22, 2019	2	6	8
Tuesday, July 23, 2019	0	8	8
Wednesday, July 24, 2019	1	7	8
Thursday, July 25, 2019	0	8	8
Friday, July 26, 2019	0	8	8
Saturday, July 27, 2019	0	0	0
Sunday, July 28, 2019	0	0	0
Monday, July 29, 2019	2	6	8
Tuesday, July 30, 2019	0	8	8
Wednesday, July 31, 2019	0	7	7
Total		174	190

Rate of Pay \$ 35.00
Total Match 16 hours x \$35.00 = \$ **560.00**

Employee Signature _____ Date 8/1/2019
 Supervisor Signature _____ Date 8/1/2019

Please submit this completed form to jellis@compact.org within the first five working days of each month. Both columns (AmeriCorps Other), rate of pay, total match, signatures, and dates must be filled.



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Documenting Housing Costs

Submit documentation to IACC after the member(s) has exited.

- Housing stipends
 - Paid directly to the landlord or mortgage holder (NOT the member)
 - Send IACC receipts or other financial documentation
- Free or On Campus Housing
 - The member pays nothing or a portion of the cost is donated to the program
 - Send IACC a letter or in-kind form that describes the housing unit and cost of the unit



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In-Kind Form

- We have a template for you!

In-Kind Contribution Form



Iowa Campus Compact (Iowa Western Community College)
2500 Fleur Drive | Des Moines, Iowa, 50312 | (515) 235-4681

Contributor Information

Organization or Individual Name:				
Primary Contact:				
Address:				
City:	State:	Zip:		
Telephone:	Email:			

Contributed Goods or Services

Description of goods or services:				

Date(s) Contributed:				
Real or estimated Value of Contribution:	\$	-		
How was the value determined?	<input type="checkbox"/> Actual Value	<input type="checkbox"/> Appraisal	<input type="checkbox"/> Other	
If other, please explain:				

Who made this value determination?				
------------------------------------	--	--	--	--

Is there a restriction on the use of this contribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please provide the name of the Federal agency and the grant or contact number.				



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Documenting Supply purchases

- Host sites using supplies or other costs as a source of match must meet the following documentation requirements
 - For items purchased by the host site
 1. Itemized receipts for the supplies
 2. Purpose for each supply item



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Documenting Other Costs

- In-kind media of your ICAP project or program
 - A completed in-kind form or signed letter from the media agency that includes the following
 - Brief description of services provided
 - Total value of service and calculations, as appropriate
 - Copy of advertisement or media
 - In-kind space (office, full time member housing, or other applicable space)
 - A completed in-kind form or signed letter from the organization providing the space that includes the following
 - Value of the space based on certified, independent appraisal of the fair market value of the space



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City:	State:	Zip:		
Telephone:	Email:			

Contributed Goods or Services

Description of goods or services:				

Date(s) Contributed:				
Real or estimated Value of Contribution:	\$	-		
How was the value determined?	<input type="checkbox"/> Actual Value	<input type="checkbox"/> Appraisal	<input type="checkbox"/> Other	
If other, please explain:				

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Reasonable Costs

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Questions?

- Contact Justin Ellis
- jellis@compact.org
- 515-505-3670