

# CAMPUS COMPACT AMERICORPS

## CONTRACTOR POLICY: SITE SUPERVISOR TIME & EFFORT

Once a host site has been awarded contractor funds (personnel funds) to apply toward the salary and benefits of their designated AmeriCorps member supervisor, the following steps should be followed.

### ACTIONS PRIOR TO REQUESTING REIMBURSEMENTS

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**Step 1:** IACC staff will notify the AmeriCorps host site of awarded funds.

**Step 2:** The host Site must submit a letter certifying the selected employee's salary and benefits information using the template provided by Iowa Campus Compact (IACC). This employee must be the individual responsible for directly supervising AmeriCorps member(s) on the grant.

### SUBMITTING REIMBURSEMENT

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**Step 3:** Send a monthly invoice to IACC, including that month's Time and Effort (TE) form. Invoices are due the first Friday of the month. If the host site has multiple supervisors they would like to use their awarded personnel funds for, then they must submit an individual Time and Effort form per supervisor per month. An invoice can include multiple supervisors if they are broken down by line item and by staff member according to the invoice instructions below.

- **Time and Effort Form:** The TE form includes: 1) a daily schedule of the employee's working hours, 2) a breakdown of AmeriCorps supervisor hours and non-AmeriCorps supervisor hours, and 3) what the AmeriCorps supervisor activities were. Review the "What to Count as AmeriCorps Supervisor Hours" below for a full list of approved AmeriCorps supervisor activities.
- **Invoice:** Invoices should list the total amount owed and the total amount provided as match from your site. The total amount should be calculated using the hourly wage breakdown from the salary verification letter multiplied times the number of allowable AmeriCorps supervisor hours from that month's TE form. For example, if the salary verification letter certifies that the contractor earns \$25.70/hour and the TE form has 30 allowable AmeriCorps supervisor hours, then the total of the invoice should not exceed \$771.00 (\$25.70/hour x 30 hours).

### PAYMENT OF INVOICE

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**Step 4:** IACC staff will review the submitted Invoice & TE form for allowable hours charged to the AmeriCorps grant. They then compare the allowable hours and outlined activities to the invoice for accuracy. If follow-up is needed on certain items in either document, IACC staff will notify the host site within 7-10 days of receiving the invoice. All questions must be answered before IACC will process the invoice for payment. If no follow up is needed and/or all questions have been answered, then IACC staff will sign and approve the request.

**Step 5:** IACC processes the invoice for payment.

## EXAMPLE INVOICE

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Invoice for August 2021 Campus Compact AmeriCorps Supervisor Personnel costs:

**Pay Period:** 08/01/2021 – 08/31/2021

**Employee:** [Name]

**Billable hours to AmeriCorps Grant:** 20 hours

**Hourly rate from salary verification letter:** \$35.35

**Total billable hours & salary:** 20 hours x \$35.35/hour rate = \$707.00

*IACC Share:* \$353.50

*Site Share:* (\$353.50)

## ADDITIONAL REQUIREMENTS

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- AmeriCorps supervisor time can begin for the 2021-2022 grant year as of 08/01/2021, the beginning of our current grant.
- The Host Site Agreement must be signed in order for sites to submit an invoice for supervisor time.
- AmeriCorps supervisor time cannot be invoiced once all of their AmeriCorps members have been exited from the current grant year. The final day for all members to exit the program is 10/31/2022. The final invoice must be submitted by 11/04/2022.
- Host Sites are required to use the entirety of their awarded funds.
- Host Sites are required to match their awarded funds and can only do so for AmeriCorps supervisor time. Match cannot be counted for non-AmeriCorps responsibilities or staff hours.

## WHAT TO COUNT AS SUPERVISOR TIME

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ALLOWABLE	NOT ALLOWABLE
<ul style="list-style-type: none"><li>✓ Collect data and/or review data on member project/service results</li><li>✓ Communicate with member(s) via email/phone</li><li>✓ Communicate with sub-site supervisor on member progress/performance</li><li>✓ Create/edit position description</li><li>✓ Evaluate member(s) on project progress</li><li>✓ Meet 1:1 with member(s)</li><li>✓ Meet with CCA staff about member progress/performance/hours</li><li>✓ Plan a training session/event for member(s)</li><li>✓ Recruit/onboard new member(s)</li><li>✓ Staff meeting (not regularly held but unique for member service)</li><li>✓ Timesheet review/approval</li><li>✓ Train member(s) on service-relevant topic</li></ul>	<ul style="list-style-type: none"><li>⊗ Work alongside member</li><li>⊗ Hold regularly scheduled staff meeting where AmeriCorps members attend alongside regular staff</li><li>⊗ Make fundraising calls</li><li>⊗ Non-AmeriCorps activities/responsibilities</li><li>⊗ AmeriCorps prohibited activities</li></ul>

## SALARY VERIFICATION LETTER TEMPLATE

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This document must be completed by the employee's supervisor or other relevant staff person at the institution (e.g., Director of Human Resources). Please email the completed version to Carly Bahnsen at [cbahnsen@compact.org](mailto:cbahnsen@compact.org).

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

<<INSTITUTION ADDRESS>>

<<DATE>>

Rob Barron  
Executive Director  
Iowa Campus Compact  
1111 9<sup>th</sup> Street, Suite 225  
Des Moines, Iowa 50314

Re: Salary Verification

Dear Mr. Barron,

I'm writing this letter to verify the salary of <<EMPLOYEE NAME>> with regard to <<INSTITUTION NAME>>'s contractor funds for AmeriCorps member site supervisor time for the Campus Compact AmeriCorps Program.

<<YOU MAY INCLUDE WAGE AND/OR BENEFITS INFORMATION AT THE INSTITUTION'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 EMPLOYEE'S SUPERVISOR OR OTHER RELEVANT STAFF PERSON AT THE INSTITUTION (DIRECTOR OF HUMAN RESOURCES)>>

<<SIGNATURE>>

<<NAME, TITLE, CONTACT INFO>>