



Campus Compact

Iowa College AmeriCorps Program

Financial Training Webinar



Campus Compact

Agenda

- Benefits
- Policies
- Procedures
- Match
- Policies
- Procedures
- Deadlines



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Host Site Benefits

Iowa Civic Action Academy

- Request travel assistance if travelling in a group

Professional Development

- \$75 per PT member for allowable professional development activities

Day of Service

- \$2000 for day of service projects

Member recognition

- \$10/\$15 per member for recognition



Use of Benefits

- Iowa Civic Action Academy
 - Use for members enrolled prior to Nov 9/10
- Professional Development
 - Earned for each member enrolled
- Day of Service
 - Applicable through end of host site agreement
 - ICAP members must be involved in the project(s)
- Recognition
 - Earned for each member enrolled
- Use it or Lose it



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Member Benefits

Part-Time Members	Full-Time Members
<p>Iowa Civic Action Academy</p> <ul style="list-style-type: none">• \$75 of the member's registration fee, request travel assistance <p>Professional Development</p> <ul style="list-style-type: none">• \$75 for allowable professional development	<p>Iowa Civic Action Academy</p> <ul style="list-style-type: none">• \$75 of the member's registration fee <p>Professional Development</p> <ul style="list-style-type: none">• \$1000 for allowable professional development



Benefits

- Earned for each term of service
 - Individuals serving two terms (re-enroll) in a single program year are eligible to receive two professional development awards
- Benefit must be used while the member is in their term of service
- Use it or lose it



Policies

- Allowable
 - What is and is not allowable?
- Reasonable
 - Is the cost reasonable?
- Allocable
 - Is the cost properly allocated to ICAP?
- Documented
 - Is the cost documented?



Policies

IACC/ICAP Costs	Source of Match (will discuss later)
<p data-bbox="191 646 958 694">Guided by IWCC/IACC/ICAP policies</p> <p data-bbox="191 762 351 809">Include</p> <ul data-bbox="191 819 932 1036" style="list-style-type: none"><li data-bbox="191 819 802 866">• Member living allowances<li data-bbox="191 876 932 923">• Professional development funds<li data-bbox="191 933 558 981">• Day of Service<li data-bbox="191 991 504 1036">• Recognition	<p data-bbox="1291 646 2058 694">Guided by your institution's policies</p> <p data-bbox="1291 762 1449 809">Include</p> <ul data-bbox="1291 819 2079 981" style="list-style-type: none"><li data-bbox="1291 819 1615 866">• Office space<li data-bbox="1291 876 1684 923">• Housing benefit<li data-bbox="1291 933 2079 981">• Staff time (with some exceptions)



Allowable Purchases

- Does the federal government allow the purchase?
 - List of allowable/unallowable purchases CFR §200.420
- Does CNCS allow the purchase?
 - Prohibited Activities 45 CFR §§ 2520.65
- Does IWCC allow the purchase?
 - Internal financial policies
- Does ICAP allow the purchase?
 - Program specific financial policies:
<http://iowacollegeamericorps.weebly.com/policies--forms.html>



What is an allowable expense for ICAP?

- 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
 - General training supplies (such as notebooks, candy for tables, name tags)
 - Supplies to complete the day of service project (Not food!)
- Fees to host a speaker, trainer, or facilitator



What is NOT an allowable expense for ICAP?

- 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



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.



Reasonable Purchases

- Member Travel
 - See program policy (Member Travel Reimbursement Policy)
 - 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.



Reasonable Purchases

- Supplies
 - General Training Supplies (such as notebooks, candy for tables, name tags)
 - Notebooks are a reasonable cost
- Candy for tables
 - Everyone gets a few pieces. Everyone doesn't get a family size bag.
- Name tags





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Reasonable Purchases

- Fees to host a speaker, trainer, or facilitator
 - Fee is similar to what the speaker, trainer, facilitator charges for other events



Allocable Purchases

- A cost is allocable to ICAP if the goods or services involved are chargeable or assignable to ICAP in accordance with relative benefits received. This standard is met if the cost:
 - Is incurred specifically for ICAP;
 - Benefits both ICAP and other work of the host site and can be distributed in proportions that may be approximated using reasonable methods; and
 - Is necessary to the overall operation of the host site and is assignable in part to ICAP in accordance with the principles in this subpart.



Allocable Purchases

- Member Travel
 - Member travels from host site to ICAP regional training. The member then travels to their parent's house for the weekend.
 - ICAP will only reimburse the member's travel costs to the regional training.
- Supplies
 - Purchase a bulk order of notebooks for ICAP members and other student volunteers.
 - ICAP will only reimburse the cost of the notebooks for ICAP members, not other student volunteers.



Allocable Purchases

- Fees to host a speaker, trainer, or facilitator
 - Speaker comes to your campus and delivers three trainings to ICAP members (but is open to other interested students), faculty, and staff. The speaker's fee is \$3000.
 - ICAP will only reimburse the speaker fee for the costs related to the ICAP member trainings.
 - Example 1: The speaker fee is \$3000 and they provide 3 trainings. One to ICAP members, and two to faculty departments. ICAP will cover \$1000.
 - Example 2: The speaker fee is \$3000 and they speak to a room of 25 students. 5 are ICAP members. ICAP will cover \$600 ($5/25 \times \3000).



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**Agenda and sign-in sheets
are very important**



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Distribution

- Financial Forms
 - Invoice
 - Submit with appropriate documentation (receipts, agenda, sign-in sheet)

Invoice



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

Iowa College AmeriCorps Program Host Site

Institution:	
Address:	
Send payment to:	
Special Instructions:	

Description and Purpose of Items/Service	Qty / Hrs	Unit Price	Sub Total
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Grand Total			\$ -



Documenting Member travel

- Host sites requesting reimbursement for member travel costs must meet the following documentation requirements. Individual members requesting reimbursement must use the travel reimbursement form.
 - Documented reason for travel
 - Exact mileage and mileage calculation (as appropriate)
 - Conference agenda (if travel was conference-related)
 - Paid airline receipt (as appropriate)
 - Meal receipt(s) as allowable to member travel policy
 - Other relevant documentation related to member travel



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Documenting Member travel

- USE THIS FORM IF USING PRIVATE VEHICLE
 - Financial Forms
 - Travel Worksheet
 - Submit with appropriate documentation
- Other travel documentation should come from your institution/vendor

Staple Receipts Here								IN ACCOUNT WITH IOWA WESTERN COMMUNITY COLLEGE <small>2700 College Road, Box 4-C Council Bluffs, IA 51502</small>							
								Name							
								Address							
								Address							
								Phone	SSN						
Detailed Receipts REQUIRED	TRAVEL EXPENSES REIMBURSEMENT														
Date 2017	Description of travel (required):											Totals			
	Travel		Bus, Plane, Auto		Meals (Detailed Receipts REQUIRED)				Hotel		Totals		Miscellaneous Expenses		Totals
	To	From	Miles	Charge	B	L	D	Total	Name	Charge	Meals & Hotel	Explain	Amount		Totals
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Supply Purchases

- Documenting Supply purchases related to program outcomes
 - Host sites requesting reimbursement for supplies costs must meet the following documentation requirements
 - Itemized receipts for the supplies
 - Purpose for each supply item



Speaker Fees Purchases

- Documenting Contractual/consultant services (speaker fees)
 - Host sites requesting reimbursement for contractual/consultant services must submit a copy of the contract or agreement with the individual or group.



Source of Match Policies

- Allowable
 - What is and is not allowable?
- Reasonable
 - Is the cost reasonable?
- Allocable
 - Is the cost properly allocated to ICAP?
- Documented
 - Is the cost documented?



Policies

IACC/ICAP Costs	Source of Match (will discuss later)
<p data-bbox="191 646 958 696">Guided by IWCC/IACC/ICAP policies</p> <p data-bbox="191 762 351 803">Include</p> <ul data-bbox="191 819 932 925" style="list-style-type: none"><li data-bbox="191 819 805 868">• Member living allowances<li data-bbox="191 875 932 925">• Professional development funds	<p data-bbox="1291 646 2063 696">Guided by your institution's policies</p> <p data-bbox="1291 762 1449 803">Include</p> <ul data-bbox="1291 819 2079 982" style="list-style-type: none"><li data-bbox="1291 819 1620 868">• Office space<li data-bbox="1291 875 1689 925">• Housing benefit<li data-bbox="1291 932 2079 982">• Staff time (with some exceptions)



Allowable Sources of Match

- Does the federal government allow the purchase?
 - List of allowable/unallowable purchases CFR §200.403
- Does CNCS allow the purchase?
 - Prohibited Activities 45 CFR §§ 2520.65
- Does your institution allow the purchase?
 - Internal financial policies



Allowable/Allocable Sources of Match

- Personnel and Benefits. **To supervise members, etc.**
- Supervisor travel. **To conduct site visits.**
- Supply purchases related to program outcomes. **For ICAP.**
- Contractual/consultant services. **Directly related to ICAP.**
 - Fees for speakers
- Other program costs. **What the ICAP member(s) actually use.**
 - In-kind media of ICAP project or program
 - In-kind space (office, housing, etc.)



Reasonable Costs

- 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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Documenting Source of Match

- Must be submitted **AFTER** the purchase/cost has been allocated.



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



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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Background Checks

- NSOPW
- State of Iowa
- State of Residence (if not Iowa)
- Forms on webpage
 - <http://iowacollegeamericorps.weebly.com/policies--forms.html>



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Annual Certification of Salary

- Template available on ICAP webpage
- <http://iowacollegeamericorps.weebly.com/policies--forms.html>

<<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>>¶



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Monthly Timesheets

- Financial Forms
- Timesheet Template
- ICAP & Other must be filled in
- Needs BOTH employee and supervisor signature

low a College AmeriCorps Program
Source of Match Timesheet

ICAP Supervisor Name			
Timesheet Start:		9/1/2017	
Day	ICAP	Other	Total
Friday, September 1, 2017			0
Saturday, September 2, 2017			0
Sunday, September 3, 2017			0
Monday, September 4, 2017			0
Tuesday, September 5, 2017			0
Wednesday, September 6, 2017			0
Thursday, September 7, 2017			0
Friday, September 8, 2017			0
Saturday, September 9, 2017			0
Sunday, September 10, 2017			0
Monday, September 11, 2017			0
Tuesday, September 12, 2017			0
Wednesday, September 13, 2017			0
Thursday, September 14, 2017			0
Friday, September 15, 2017			0
Saturday, September 16, 2017			0
Sunday, September 17, 2017			0
Monday, September 18, 2017			0
Tuesday, September 19, 2017			0
Wednesday, September 20, 2017			0
Thursday, September 21, 2017			0
Friday, September 22, 2017			0
Saturday, September 23, 2017			0
Sunday, September 24, 2017			0
Monday, September 25, 2017			0
Tuesday, September 26, 2017			0
Wednesday, September 27, 2017			0
Thursday, September 28, 2017			0
Friday, September 29, 2017			0
Saturday, September 30, 2017			0
Total		0	0
Rate of Pay	\$	-	
Total Match	0 hours x \$0.00 =	\$	-
Employee Signature			Date
Supervisor Signature			Date

Please submit this completed form in Amplifund within the first five working days of each month. Both columns (ICAP Other), rate of pay, total match, signatures, and dates must be filled.



Documenting Supervisor Travel

- Host sites using travel costs as a source of match must meet the following documentation requirements
 - Copy of the institution's travel policy
 - Documented reason for travel
 - Exact mileage and mileage calculation (as appropriate)
 - Conference agenda (if travel was conference-related)
 - Paid airline receipt (as appropriate)
 - Meal receipt(s)
 - Other relevant documentation related to supervisor travel



Documenting Supply Purchases

- Host sites using supplies costs as a source of match must meet the following documentation requirements
 - For items purchased by the host site
 - Itemized receipts for the supplies
 - Purpose for each supply item
 - For donated items from the institution or community
 - Completed in-kind form
- Donation is to IACC



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Documenting Supply Purchases

- Financial Forms
- (4) In-Kind Form

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.				



Documenting Contractual/consultant Services

- Host sites using contractual/consultant services as a source of match must meet the following documentation requirements
 - Trainers, evaluators and other may donate time to your ICAP project instead of entering into a contract. Host sites must submit an in kind form or a signed letter from the consultant with the following items
 - Services provided
 - Hours and date they provided those services
 - An hourly charge or flat fee, whichever they normally charge. This charge should be based upon their normal service fee and should be able to find other places like their website or be in line with similar services.
 - Any mileage or other expenses incurred relevant to the training
 - Host sites purchasing trainers, evaluators, and other consultant time must submit the contract or agreement with the individual or group.



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Documenting Contractual/Consultant Services

- Financial Forms
- In-Kind Form

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.				



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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Documenting other costs

- Financial Forms
- In-Kind Form

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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Deadlines

- Submit documentation as it occurs
- Final deadline for documentation is 9/15/19



Resources

- ICAP policies:
<http://iowacollegeamericorps.weebly.com/policies--forms.html>
- CFR Allowable Costs: https://www.ecfr.gov/cgi-bin/text-idx?node=2:1.1.2.2.1.5&rgn=div6#sg2.1.200_1419.sg16
- CNCS Training Resources:
<https://www.nationalservice.gov/resources/financial-management>



Campus Compact

Questions?

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