



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – AFTERSCHOOL PROGRAM

PAYMENT REQUEST– CBO’S (non-districts) ONLY

ORGANIZATION NAME	FEDERAL TAX ID NUMBER	COHORT NUMBER <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> ARP 10 <input type="checkbox"/> ARP 12	GRANT YEAR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
CONTACT PERSON	EMAIL	PHONE NUMBER	EXT

INSTRUCTIONS	Budget Category	Amount of Verifiable Expenditures (Round to nearest whole dollar)	
<p>Follow all instructions on the following page:</p> <p style="color: red;">Payment Requests are due between the 22nd – 25th of the month. Any Payment Request submitted must be for reimbursement only. The last Payment Request submission date for the current grant year is July 25th.</p>	Budget Categories for Afterschool 3812		
	Certificated Salaries 6100	\$	
	Noncertificated Salaries 6150	\$	
	Employee Benefits 6200	\$	
	Purchased Services 6300	\$	
	-Quality Improvement	\$	
	Materials and Supplies 6400	\$	
	Capital Outlay 6500	\$	
	Budget Categories for Support Services Instructional Staff (Professional Development) 2200		
	Purchased Services 6300	\$	
	Materials and Supplies 6400	\$	
	Budget Categories for Business Support Services (Travel and Transportation) 2500		
	Certificated Salaries 6100	\$	
	Noncertificated Salaries 6150	\$	
	Employee Benefits 6200	\$	
	Purchased Services 6300	\$	
	Materials and Supplies 6400	\$	
	SUBTOTAL (Direct Costs)	\$	
	Indirect Costs (<i>can't exceed approved rate and must be based on expended funds only, minus equipment</i>)	\$	
	TOTAL (Direct Costs PLUS Indirect Costs)	\$	

This Payment Request supports the performance period of: beginning date: _____ ending date: _____

Note: this is the period the services/purchases occurred, not the period in which the payment request is being submitted/reimbursed.

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). In addition, I certify that the Federal funds requested have been spent and are being requested on a reimbursement basis in accordance with the Cash Management Improvement Act (2 CFR Part 220.305) for the purpose and condition of the grant or agreement.

SIGNATURE OF CONTACT PERSON	DATE	AUTHORIZED SIGNATURE	DATE
-----------------------------	------	----------------------	------

FOR OFFICE USE ONLY (DO NOT COMPLETE BELOW THIS LINE)

DESE SIGNATURE OF APPROVAL		DATE	FORWARDED TO CHILDHOOD FINANCES PERSON	DATE FORWARDED
PAYMENT MONTH/YEAR ___ / 202__	GRANT YEAR 2022 – 2023	ORG NUMBER 3300	ACCOUNT NUMBER <input type="checkbox"/> 0105-7222-21F__ <input type="checkbox"/> 2434-1979-AAP1	PAYMENT TYPE <input type="checkbox"/> Regular <input type="checkbox"/> ADHOC POCO22-
Total Amount Awarded		\$	PLEASE EMAIL TO: afterschool@dese.mo.gov Specify in the subject line: Payment Request for (Grant Name) For questions, please call (573) 526-3961	
Previous Amount(s) Paid		\$		
Amount Paid with this Request for Payment		\$		
Amount Remaining		\$		

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

PAYMENT REQUEST

- Payment Requests are due on the 25th of the month. The last Payment Request for the current grant year is July 25.
- The Cash Management Investment Act (CMIA) requires programs to be able to provide documentation that when receiving federal funds they have already spent the funds. The Department is reimbursement only. Please pay close attention to this when submitting your Payment Request.
- Programs will receive reimbursement within 30 days of accurate submission (if approved).
- Indirect cost cannot exceed approved rate and can only be claimed based on dollars already expended to date; must follow the restricted rates.
- Receipts/purchase orders are not required submission with this form. Sub-grantees must keep such documentation on file according to record retention rules. DESE may request documentation at any time.
- Forms not completed according to directions will be returned for correction.

Steps to complete a Payment Request:

- Submit a Payment Request representing expenditures by the grant, not per each site.
- Fill out the contact information completely.
- List total grant amount of *verifiable* expenditures you are requesting reimbursement for.
- Be sure Payment Requests have all signatures before submission.
- Make sure all figures are rounded to the nearest dollar.
- Make certain the figures are correct. Double check all math.
- Look at all previous Payment Requests submitted (if any) and double check that you will not be requesting more dollars for each budget category than approved/awarded.
- Sub-grantees will be in moderate financial expenditure risk if a Payment Request has not been submitted to DESE by December 25 or less than 25% of their budget has not been spent.
- Sub-grantees will be placed in high financial expenditure risk if a Payment Request has not been submitted to DESE by March 25 or 80% of their budget has not being spent by April 25.

Notes:

- Payments are not automatically processed. Sub-grantees must submit a Payment Request for each payment needed.
- At the end of the year, the Final Expenditure Report form will *not* generate a reimbursement/payment. Sub-grantees must submit a Payment Request form if needing payment.
- If for any reason, it becomes apparent that the sub-grantee will not be fully expending the awarded funds, sub-grantee **MUST** contact DESE immediately.
- If a program is providing afterschool programming through June 30, a payment request for any services performed and/or purchases received before June 30 may be requested and therefore paid after June 30 (even though payment would be issued in the following fiscal year).

How and when will payments be issued to programs?

- CBOs (non-districts) will be receive direct deposit from the state of Missouri following Payment Request submission and approval.