



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

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

INSTRUCTIONS

Please follow the instructions below. See instructions/additional information on page two. If you have any questions, please call 573- 526-3961.

Submit for reimbursement all expenditures incurred through May 31 no later than June 15.

Submit any remaining expenditures occurring through June 30 no later than July 25 (final submission date for grant year).

Please submit to the following email address only: childhoodinvoices@dese.mo.gov

Subject line: Afterschool Payment Request for (Grant Name and Cohort Number)

ORGANIZATION NAME		FEDERAL TAX ID NUMBER		COHORT NUMBER <input type="checkbox"/> CCLC-11 <input type="checkbox"/> CCLC-12 <input type="checkbox"/> ARP 10 <input type="checkbox"/> ARP 12	
CONTACT PERSON			EMAIL		GRANT YEAR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Budget Category				Amount of Verifiable Expenditures (Nearest whole dollar)	
Budget Categories for Afterschool 3812					
Certificated Salaries 6100				\$	
Non-certificated 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				\$	
Non-certificated Salaries 6150				\$	
Employee Benefits 6200				\$	
Purchased Services 6300				\$	
Materials and Supplies 6400				\$	
SUBTOTAL (Direct Costs)				\$	
Indirect Costs - optional (<i>can't exceed approved restricted rate and must be based on expended funds only, minus capital outlay amount</i>)				\$	
TOTAL (Direct Costs PLUS Indirect Costs)				\$	
This Payment Request supports the program's 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.					
<i>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.</i>					
If you provide any "personal information" as defined in Section 105.1500, RSMo, concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, you understand and agree that you are voluntarily choosing to seek a state contract and providing such information for that purpose. The Department of Elementary and Secondary Education will treat such personal information in accord with Section 105.1500, RSMo, unless such information is subject to disclosure pursuant to federal or state law.					
SIGNATURE OF CONTACT PERSON		DATE		AUTHORIZED SIGNATURE	
				DATE FORWARDED	

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

Submission Instructions:

- ONLY submit payment request to the email address listed on page 1. Do not also email DESE staff. Failure to submit accordingly could result in double payments or missed payments.
- See submission instructions on page 1.
- Do not submit payment request and a budget amendment at the same time. Budget amendments must have prior approval before requesting reimbursement.
- Do not submit payment request for multiple grants combined. Must submit separately by each grant award.
- The last Payment Request for the current grant year is July 25.
- 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.
- Must use most current form posted;
- Forms not completed according to instructions will be returned for correction.

Steps to Complete the Payment Request form:

- Amounts listed in each Budget Category must not exceed approved amounts; if budget amendments were submitted, must not exceed the newest approved amounts.
- Submit a Payment Request representing expenditures by the grant, not per each site.
- Be sure Payment Requests have all signatures before submission.
- 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.
- At the end of the year, the required submission of the Final Expenditure Report (FER) will *not* generate a reimbursement/payment. Sub-grantees must submit a Payment Request form if needing payment.

Payment Information:

- Programs will receive direct deposit from the state of Missouri following Payment Request submission and approval.
- Programs will receive reimbursement within 30 days of accurate submission (if approved).

Notes:

- Payments are not automatically processed. Sub-grantees must submit a Payment Request for each payment needed.
- If for any reason, it becomes apparent that the sub-grantee will not fully expend 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).
- 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.

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

DESE SIGNATURE OF APPROVAL (TO PAY AMOUNT ABOVE)		DATE APPROVED	FORWARDED TO (CHILDHOOD FINANCE STAFF PERSON)	DATE FORWARDED	
ORG NUMBER 3300	PGA NUMBER PGA081	GRANT YEAR 202__ -- 202__	INVOICE NUMBER	ACCOUNT NUMBER <input type="checkbox"/> 0105-7222-21F (CCLC) <input type="checkbox"/> 2434-1979-AAP1 (ESSER III-ARP)	POCO CODE POCO22-