Exhibit J

Guidance Memo

Provider Agencies Payroll Costs

The following information is a suggested listing and description of potential documentation, reports, data and forms that can be used to adequately support costs charged to DCF grants. The information presented in this memo does not purport to be an exclusive list and it does not preclude each provider from using any other similar or generic forms or other items in their normal course of business to support costs charged under their contract.

1. Programs with funds charged to labor cost:
2. Employees whose payroll cost is 100% charged to grant activities should have a weekly timesheet that displays total hours worked each day, a clear indication of program name, the grant activity performed by the employee on the timesheet and a signature from the employee and supervisor approving the hours & activities. (See DCF Contract Reimbursement Manual – Section (4.6.l.2) for detail regulations and additional information.) (Also See Example #1- timesheet below.)
3. Employees whose payroll cost is partially charged to grant activities should have a weekly timesheet that displays total hours worked each day and the distribution of the total hours and activities between each grant program. In addition, the timesheet should include a clear indication of the grant activities performed by the employee and a signature from the employee and the supervisor approving the hours & activities. (See DCF Contract Reimbursement Manual – Section (4.6.l.2) for detail regulations and additional information.) (Also See Example #1 - timesheet below.)

**EXAMPLE #1 TIMESHEET**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |   |
| **Weekly Payroll Timesheet** |  |  |  |  |  |  |  |   |
|   |  |  | **DATE** |  |  |  |  |   |
| **Employee Name** | **Mickey Mouse** | **Mon** | **Tues** | **Weds** | **Thurs** | **Fri** | **Sat** | **Sun** | **Total** |
|  |  |  |  |  |  |  |  |  |   |
| **PROGRAM NAME** |  **DV-Staffing program** | **2/3** | **2/4** | **2/5** | **2/6** | **2/7** | **2/8** | **2/9** |   |
| **Case Management** | **8** |  |  |  | **8** |   |   |   |
| **Support service work (Screening new clients & counseling activity)** |  | **3.5** |  |  |   |   |   |   |
| **Outreach work (name)** |  | **4.5** |  |  |   |   |   |   |
|  |  |  |  |  |  |   |   |   |   |
| **PRGM NAME** | **ABC Foundation Services** |  |  |  |  |   |   |   |   |
| **Designing & Researching children's special programming** |  |  | **8** | **8** |   |   |   |   |
|  | **Total Hours** | **8** | **8** | **8** | **8** | **8** |   |   | **40** |
| **Prepared by:** | Mickey Mouse 2/15/14 |   |   |   |  |  |  |  |   |
|   | **(Employee Name & Date)** |  |  |  |  |  |  |  |   |
| **Approved by:** | Walt Whitman 2/18/14 |   |   |   |  |  |  |  |   |
|   | **(Employee Name & Date)** |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |  |  |