

Fiscal Overview

Fiscal Rules - FY 2022

Boston Public Health Commission
Infectious Disease Bureau - Community Based Prevention
FY 2022 Fiscal Rules

General Expectations:

The BPHC Infectious Disease Bureau, Education & Outreach Office expects all contracted providers to expend 100% of their award in accordance with all BPHC policies. Funded agencies will only be reimbursed for deliverables that have been approved in their Scope of Services and Budget upon receipt of appropriate invoices and supporting documentation. Agencies that wish to revise their Scope of Services or allowable costs must submit a proposal to revise the scope/budget prior to any change. BPHC will notify the agency whether the change is approved or not. In addition, it may be required that a program/agency audit be submitted. Failure to meet these expectations may result in suspension or termination of your provider contract.

A. Contract

- a. A complete and signed contract packed should be returned by the agency to BPHC promptly after it's received. BPHC will generate a Purchase Order (PO) number within 30 days of receipt of the signed contract.

B. Invoicing

General Information

1. Agencies must use the standard invoice template provided by the Education & Outreach Fiscal team. Invoices must include agency name and billing address, BPHC Purchase Order (PO) number, current approved budget, invoice amount, cumulative billing, remaining balance, and unique invoice number. Payments are cost reimbursement and are based on the approved budget. Invoices must be formatted by computer; hand written invoices are not acceptable. Only line item budgeted expenses are reimbursed.
2. Agencies must have their invoices signed by a program representative or a contract specialist before submission for payments to BPHC.

3. Invoices should be submitted monthly, within 15 days of the month's end. Each day thereafter will be considered late, therefore non-compliant. Invoices must represent actual monthly expenses. The final invoice must be submitted by **July 15, 2022**.
4. Invoices without the required information or documentation will not be processed for payment. Instead, the agency will be informed of the deficiency to be corrected, and the invoice will be deleted from our system. The agency will need to resubmit the invoice. Corrected invoices will not be given payment priority.
5. An invoice must be submitted to BPHC for each month in the contract period. **If no contracted activities occur in a given month, there would be no reimbursable costs; an invoice with a \$0 month total must be submitted.**
6. An invoice requesting payment for **stipend** reimbursement should have the staff's name, the dates, place and hours of services, and a copy of the check. **Cash stipends are unallowable.**
7. An invoice requesting payment for **incentives** reimbursement should have a list of all the clients that received the incentives, the cost per client (cost should be in accordance with the current approved budget and scope of service), the date of distribution and proof of receipt by the client. Agencies with incentives must have a policy on how incentives are distributed and tracked at the agency level. Said policy must be available for review by BPHC at any time during the fiscal year.
8. Any revised or supplemental invoices are to be clearly labeled as such by including the word "**Revised**" or "**Supplemental**" in the "**Invoice Number**" notation and incorporated within the unique invoice number (i.e., SUPPJUL2021). Under any circumstances an invoice number should exceed 20 characters. Retroactive billing may only occur when the expense is not billed to another funding source. Documentation of bills to other funding sources may be required.
9. Monthly invoices containing all required information will be paid within 30 days of receipt. The 30-day payment period starts over for corrected invoices. Payment may be held if required reports and data have not been received by BPHC or if fiscal documentation is incomplete; agencies are informed in writing.

Invoices are sent to:

IDBinvoices@bphc.org

Cost Reimbursement

1. Appropriate supporting documents for monthly cost reimbursement invoices include:
 - Payroll registers and labor distribution reports
 - Purchase requisitions accompanied with vendor invoice copy
 - Cancelled checks
 - Copies of vendor invoices
 - Copies of reimbursement/voucher forms
2. The budget on the invoice must illustrate the exact **approved contract budget**. The name of each staff member must be noted next to each position on the invoice. Actual monthly payroll expenses paid (**not accrued**) are billed on the invoice. The year-to-date amounts in the "Cumulative" billing column must be correct. Also, the salaries and FTE's which are billed must correspond to the approved contract budget. If any of these are incorrect on an invoice, it will not be processed. A budget revision request and/or revised invoice may be submitted.
3. The fringe rate must be the agency's internal audited fringe rate, with a maximum of 56.3%. Verification of this rate is subject to audit (Fringe is defined as: government mandated and employer

selected employee benefits including: social security; unemployment, workers and disability compensation, retirement programs, and health insurance).

4. Indirect costs are funded at a maximum of 12% of the total direct program costs. Indirect costs are all expenses not directly associated with a specific program, which are necessary for the management of the whole agency. It may include space, management, clerical and support personnel, office materials, leasing of office equipment, advertising, postage, printing, insurance and other related expenses.
5. Vehicle mileage is reimbursed according to the IRS rate and current BPHC policy. Currently the rate is set at \$0.56/mile and is restricted to travel within the City of Boston. Parking and tolls can only be reimbursed if there is a receipt.
6. Meals consumption must be related to program activities and must specify the function or purpose on the receipt and include a copy of the sign-in sheet.
7. Supplies, equipment, etc. must be accompanied with a copy of the original vendor invoice and proof of payment. Also, agency must specify if they are requesting payment for a portion of the invoice and where the remaining portion of the bill is being charged to.
8. Project funds may not be used to pay City citations, tickets, taxes or fines. BPHC will not reimburse these items.

C. Fiscal Compliance

1. An agency may be held in non-compliance at the end of each month if they do not meet the invoicing requirements. This includes non-submission of invoices, or late invoices. If the invoice is incorrect and/or incomplete, it will be returned to the agency and the agency will be required to submit new corrected information.
2. Contract expenses, as shown on invoices, are reviewed each quarter of the fiscal year. Agencies are expected to spend at least 24% of the program's annualized budget each quarter (based on the program's actual expenditures). The agency is informed after the first quarter, in writing, of any under billing. Chronic under billing may result in a reduction in the total amount of the contract.
3. On a case by case basis: Contract spending may differ from each personnel line item by no more than 10% monthly, for example if you are projected to bill a monthly salary of \$500 (annual salary of \$6000), you may spend up to \$550 within that line per month (therefore, cannot exceed \$6600 annually) with the sufficient back up. For below line items, e.g. if you are budgeted for a \$1000 office supply line for the year, you may spend up to \$1100 within that line (you may bill this in one month or it may be divided between several months). Both of these stipulations are as long as the total amount billed does not exceed the budget's maximum obligation. Overspending will not be reimbursed.
4. Funds awarded in one fiscal year may not be used in a subsequent fiscal year.

D. Audits

Agencies must perform a **single audit** of their financial records as described in the 45 CFR Part 75 Subpart F if they expend \$750,000 or more in federal funding in a fiscal year. For agencies that spend less than \$750,000 in federal funding for the fiscal year, the agency is exempt from the Federal Audit requirement for that year, but records must be available for review or audit by the official of HRSA, BPHC, and Government Accountability Office (GAO).

When completed, this audit must be sent to:

grants@bphc.org

If electronic submission is impossible, send paper audits to:

**Post-Award Grants Manager
Boston Public Health Commission
1010 Massachusetts Ave, 6th Floor
Boston, MA 02118**

E. Payments

Agency invoices will be paid only by ACH – Direct Deposit. Agencies will have the opportunity to enroll in direct deposit anytime throughout the year if they have not previously completed the form. Agencies may request this form from the Sr. Program Coordinator. Completed ACH – Direct Deposit forms should be sent to the Boston Public Health Commission via Vendor@bphc.org.

F. Budget Revisions

Contract budgets are not changed without the approval of the Boston Public Health Commission. A revised budget request in the same format as the contract budget accompanied by line item explanations of proposed revisions is required. If the budget revision does not match the most up to date contract budget, it will be returned to the agency. Complete instructions are available under the budget revision section of the manual. Budget revisions will **not** be accepted after **April 1, 2022**.

Budgets

Following is a description of the terms used on agency budgets. Budgets cover a **twelve-month** period and are presented in whole dollars (no cents).

- The “**Direct Cost**” column indicates the position title.
- The “**Personnel**” column indicates the name of the staff person occupying the position. Revisions should be submitted with staff first initial and last name (e.g., J. Smith). Enter “TBH” if the position is currently vacant.
- The “**Salary**” column reflects a Full Time Equivalent (1 FTE total) salary.
- The “**FTE**” column is the percentage of time (carried to no more than **two** decimals) that the position listed is paid for by the grant. To meet audit requirements, employees cannot exceed a total FTE of 1.0 across all funding sources.
- The “**Months**” column is the number of months the position listed will be occupied in the contracted period.
- The “**Annual**” column is the total salary amount that will be paid by the grant in a twelve-month budget period for the listed position based on the given “**FTE**” and “**Months**.”

$$\frac{\text{Salary}}{12} \times \text{FTE} \times \text{Months} = \text{Annual}$$

- The “**Fringe**” rate must be the agency’s internal audited fringe rate, with a maximum of **56.3%**. Verification of this rate is subject to audit. Fringe is defined as: government mandated, and employer selected employee benefits including social security, unemployment, workers and disability compensation, retirement programs, and health insurance.
- The “**Other Direct Cost**”, expense line items’ titles should be specific (e.g., Food, Office Supplies, etc.).
- The “**HHS Indirect Approved Rate**” line item is capped at 12%. agencies who wish to use an indirect rate must provide documentation of Certificate of Indirect Costs that is **HHS-negotiated**, signed by an individual authorized to sign on behalf of the Subrecipient. Any other Federal or State agency that has conducted and issued an audit report of the Subrecipient’s indirect cost rate that has been developed in accordance with the requirements of the cost principles contained in 48 CFR part 31 will also be accepted.
- The “**Administrative Costs**” line items should be specific. These costs include recognized overhead activities, including rent, utilities, and facility costs. It also applies to the costs of management and oversight of the specific program funded. It includes program coordination, clerical, financial, and management staff not directly related to patient care; program evaluation; liability insurance; audits; computer hardware/software not directly related to patient care. Administrative Costs are funded at a maximum rate of 12% of the total direct program costs. Agencies are responsible for preparing a project budget that meets administrative cost guidelines and provides expense reports that track administrative expenses.
- The “**Service Award Total**” is the sum of the direct care total and the administrative or indirect rate cost total.

A sample budget can be found on the following page.

Budget Revision Request Guidance

Agencies are required to submit budget revision requests for prior approval when proposing to use different means to accomplish the original agreed-upon goals and objectives outlined in the Scope of Services post-award notification.

Program budgets may only be revised with the written approval of the Education and Outreach Office. In order to receive written approval, agencies must follow the procedure below:

1. Submit a budget revision request via email to glanza@bphc.org, attention:

Greg M. Lanza
Senior Program Coordinator
Education and Outreach
Community Engagement Division
Boston Public Health Commission

2. A budget revision request must include the following:
 - a. **A Budget Revision Request Form** – A form that agencies must complete to outline each change being proposed and how it will support the agency in achieving the funded service goals and objectives. (Please see Budget Revision Request Form Instructions below.
 - If proposing to change personnel, the explanation should include: the last name of the employee involved or if a position is vacant, the estimated date of hire, and a brief description of the position's duties and responsibilities as they relate to the Education and Outreach program.
 - If proposing to change Other Direct Care Cost items (e.g., food, program supplies, staff training, staff travel), explanations should incorporate quantities whenever possible. Explanations should state why an expense item is necessary and how it will be used. For example, travel expenses must specify who, where when and why the travel is necessary.
 - Any program proposing to add a consultant line or to move money into an existing consulting line must:
 - a) Provided a detail description of the services/activities performed by the consultant with the budget revision
 - b) Add the Consultant's Last Name to the invoice coversheet, after approval of the consultant line.
 - In general, adding new line items to a budget are not acceptable requests. Agencies may be allowed to shift funds between existing line items due to evolving service needs.
 - b. **A Budget Revision Excel Form** – A current budget with the proposed changes made in the same format as the award budget. The proposed changes should be listed to the right of each personnel and/or other direct care cost line items in the excel template. If the budget revision does not match the most up to date award budget, it will be returned to the agency.
 - c. **Supporting Documents** – including but not limited to staff qualifications (resume), proof of annual salary such as offer letter or payroll statements, job description of the duties and responsibility as they relate to the Education and Outreach funding, etc.

You do not need to submit a budget revision request for prior approval in the following circumstances. In these circumstances, just send an invoice with appropriate back-up documentation.

1. Personnel changes for replacing a TBH line with the name of a new employee at the SAME salary, FTE, and months that was originally proposed in the award budget.
2. Changing the title or name of an employee.
3. Overbilling a direct cost budget category (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) while staying within the 10% leeway.

Please note that all information regarding staffing updates, including a CV, and offer letter should be sent to the Senior Program Coordinator, Greg M. Lanza, prior to an invoice that includes such update is submitted for payment. These documents may also be sent as back-up with the invoice.

3. Once the Education and Outreach office reviews a budget revision request according to our internal review protocol, we will notify the agency if there are questions or information needed to approve, if approved, or denied.
4. Initial appeals of denied budget revision requests are made, in writing, to **Greg M. Lanza** (ganza@bphc.org), **Senior Program Coordinator, Education and Outreach Office**. Further appeals may be submitted, in writing, to Dr. Sarimer Sanchez (ssanchez@bphc.org), Bureau Director, Infectious Diseases Bureau.
5. Budget revisions will be accepted until **April 1, 2022**. Revisions submitted after this deadline will only be considered to fill vacant positions, and for legal name, position, and title changes.

Budget Revision Request Form Instructions

Procedures:

1. Submit and Complete the Budget Revision Request Form FY22
2. Complete the Budget Revision Excel Form
3. Include all required supporting documents.
4. Submit the forms to glanza@bphc.org.

Considerations:

- It is recommended that the program and finance staff at the agency coordinate the submission of all budget revisions.
- The authorized representative is considered any contact that is listed for your agency.
- BPHC Education and Outreach staff will reach out to your program or fiscal contacts for additional information regarding your request if needed.

Agency and Submission Information:

- **Agency:** Enter the name of the agency **(Required)**
- **Service Category:** Enter “Education and Outreach” **(Required)**
- **Date of Request:** Enter the date submitted **(Required)**

Is this a resubmission of a previous Request:

- **Yes = If** additional information is required or the last revision was denied
- **No = If** this is an original request

- **Date of the original Request:** Enter the date the initial request was denied

Direct Cost or Admin. Personnel Revision:

Note: Enter only the changes relevant to your request into the form. If your budget requires personnel lines to be split, add only the information you are requesting to be added to the form and not the effects of the adjustment on the line item of the original budgeted amount.

- **Start Date:** Enter the date a change in personnel will effectively start. **(Required)**
- **End Date:** Enter the date a change in personnel will effectively end. **(Required)**
- **Position:** Enter the correct position title. **(Required)**
- **Personnel Name:** Enter the legal name of the personnel **(Required)**
- **Salary:** Enter the new wage of personnel.
- **FTE:** Enter the new FTE of the personnel.
- **New Annual:** Enter the latest annual budget amount.
- **Justification:** Enter the reason for the adjustment or change of the line. **(Required)**
- **Additional Comments:** Describe any other information that will contextualize your proposed adjustments.

Other Direct Cost or Admin. Budget Lines:

- **Line Item:** Enter the assigned line item. **(Required)**
- **Original Budget:** Enter the amount budgeted for the line item. **(Required)**
- **Expended:** If any funds have been invoiced to BPHC, list the culminated amount found on the most recently submitted Monthly Cost Reimbursement Invoice. **(Required)**
- **Adjustment (+) or (-):** Enter the proposed change (Budgeted – Expended ± Adjustment = New Budget) **(Required)**
- **Justification:** Enter the reason for the adjustment or change of the line. **(Required)**
- **Additional Comments:** Describe any other information that will contextualize your proposed adjustments.



Community Engagement Division/Education & Outreach
 Budget Revision Request Form
 Fiscal Year 2022

Agency	
Service Category	
Date of Request	
Is the Budget Revision a resubmission?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For BPHC Use Only	Date	Initial
Program Review/Approval		
Bureau Direct Approval		
Fiscal Processing		
Approval Letter Sent		

1. **Change of Position, FTE, Salary, and Titles:** Include only the adjustment, removal, or addition of employee. Complete the Budget Revision Excel Form to account for financial adjustments. **Do not include additional lines created from line-item splits in the excel document on this form. Check yes to indicate a line was split for the respective position.**

Line Split	Start	End	Position	Personnel Name	Reason for Change
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

4. **Signatures:** Sign this document by completing the section below.

Name of Authorized Representative	
Title	
Email	
Signature	

For BPHC use only:

Sr. Program Coordinator Review Comments	
Bureau Director Review Comments	
Fiscal Review Comments	

Sample Budget Revision

Boston Public Health Commission
Community Based Prevention

FY 2022
July 1, 2021- June 30, 2022
(Agency Name)

Education & Outreach

EXAMPLE

Budget Revision Request										
<u>Direct Cost</u>	<u>Personnel</u>	<u>Salary</u>	<u>FTE</u>	<u>Mos</u>	<u>Annual</u>	<u>Change</u>	<u>New Salary</u>	<u>New FTE</u>	<u>New Mos</u>	<u>New Annual</u>
Program Coordinator	Jones	\$35,000	0.75	12	\$26,250	(\$19,688)	\$35,000	0.75	3	\$6,563
	Valdez					\$22,313	\$35,000	0.85	9	\$22,313
Program Coordinator	Davis	\$32,000	1.00	12	\$32,000	(\$2,560)	\$32,000	0.92	12	\$29,440
Peer Leader	Brown	\$25,000	0.25	12	\$6,250	\$0	\$25,000	0.25	12	\$6,250
SUBTOTAL			2.00		\$64,500		SUBTOTAL	2.77		\$64,565
FRINGE			29.30%		\$18,899		FRINGE	29.30%		\$18,918
PERSONNEL TOTAL					\$83,399		PERSONNEL TOTAL			\$83,483
Other Direct Cost										
Office Supplies					\$1,000	(\$84)				\$916
Educational Supplies					\$200	\$0				\$200
Food					\$500	\$0				\$500
SUBTOTAL					\$1,700		SUBTOTAL			\$1,616
DIRECT COST TOTAL					\$85,099		DIRECT COST TOTAL			\$85,099
HHS Indirect Approved Rate			69.50%		Annual					
BPHC Community Based Prevention Indirect Cap			12%		\$10,212	\$0		12.00%		\$10,212
INDIRECT SUBTOTAL					\$10,212		INDIRECT SUBTOTAL			\$10,212
DIRECT COST TOTAL					\$85,099	\$0				\$85,099
INDIRECT COST TOTAL (12% Cap)					\$10,212	\$0				\$10,212
E&O SERVICE AWARD TOTAL					\$95,310	\$0				\$95,310

In this example, Program Coordinator Jones has left the agency after 3 months on the E&O contract. Program Coordinator Valdez has replaced Jones for the remaining 9 months of the fiscal year. The agency has decided to raise the new Program Coordinator's FTE from .75 to .85 on the contract. In order to cover the additional dollars, the agency had to reduce Program Coordinator Davis's FTE from 1.0 to .92 and remove \$84 dollars from their Office Supplies line to put into the new Program Coordinator's line. The agency's original budget is reflected in the first six columns. Items and staff names may be added if new staff has been hired. For example, a new line has been inserted to reflect the hiring of Program coordinator Valdez.

Following are terms related to budget revisions. "Change" is the difference between the Annual and the New Annual (Change = New Annual – Annual). "New Salary" is the Full Time Equivalent (1 FTE total) salary. If there is a salary adjustment from the original "Salary", back-up documentation is required (e.g., hire letter, personnel action form). "New FTE" is the new percentage of time that the position listed will be paid through this contract. "New Months" indicates the new number of months that the employee will work; the number would differ from the original budget when a staff person is added or removed from a budget based on hiring or departure. "New Annual" is the updated total salary amount that will be paid for by the grant based on changes made to the salary, FTE, or months in the budget revision. "New Annual" for a staff member who is being removed from a budget must be the actual amount expended based on monthly invoices submitted to date.

Sample Budget Justification

CITY OF BOSTON
INFECTIOUS DISEASE BUREAU
FY 2022
JULY 1, 2021 – JUNE 30, 2022
Community Based Prevention

Agency Name

0.75 FTE Program Coordinator (3 months): Jones

Conduct one-on-one prevention counseling sessions and Group Level Interventions with high-risk individuals. Coordinate street and neighborhood outreach activities.

0.85 FTE Program Coordinator (9 months): Valdez

Conduct one-on-one prevention counseling sessions and Group Level Interventions with high-risk individuals. Coordinate street and neighborhood outreach activities.

0.92 FTE Program Coordinator: Davis

Conduct one-on-one prevention counseling sessions and Group Level Interventions with high-risk individuals. Coordinate street and neighborhood outreach activities.

0.25 FTE Peer Leader: Brown

Co-Facilitates Group Level Interventions with Program Coordinator, required as part of the curriculum chosen for this intervention.

Fringe:

Government mandated and employer selected employee benefits including social security, unemployment, workers & disability compensation, retirement programs, and health insurance.

Office Supplies:

Standard office materials that staff use in daily work activities. These items include but are not limited to: paper, pencils, markers, message pads, staples and file folders.

Educational Supplies:

Funding will be used to purchase condoms and lubricant for participants as part of the intervention. Funds from this line item will also be used to purchase postcards for supported referrals.

Food:

Funding supports snacks and non-alcoholic beverages that will be purchased as part of the Group Level Intervention.

12% Indirect Expenses:

Funds which contribute to the costs of running the program, such as office rent, liability insurance, etc.
This line is *not* intended to cover all program-related expenses.

Sample Invoice with Admin Cost

BPHC City Funding			
<i>Monthly Invoice</i>			
Agency Name:	ENTER AGENCY NAME HERE		<small>INFECTIOUS DISEASE BUREAU USE ONLY APPROVED FOR PAYMENT</small>
Pay To:	WRITE COMPLETE AGENCY NAME		
Address:	ENTER AGENCY ADDRESS HERE		Date: _____
Bill To:	Boston Public Health Commission Procure to Pay Office 1010 Massachusetts Avenue Boston, MA 02118	Funding Source:	City of Boston
		Program:	Community Based Prevention
Funded Service:	EDUCATION & OUTREACH	Invoice Submission Date:	Enter submission Date
Activity#:	6226007	Billing Period:	Enter Billing Period
BPHC PO#	Enter new PO#	Invoice #:	EQ(MONTH)FY22
PERSONNEL	FTE	Budget (A)	Amount this Invoice (B)
			Cumulative Billing (C)
			Remaining Balance (D)
Program Director	0.00	\$0	\$0
Health Educator	0.00	\$0	\$0
Public Health Navigator	0.00	\$0	\$0
		\$0	\$0
Sub-total	0.00	\$0	\$0
Fringe	30.00%	\$0	\$0
Personnel Totals		\$0	\$0
OTHER DIRECT COST			
Local Travel		\$0	\$0
Educational Supplies		\$0	\$0
Office Supplies		\$0	\$0
		\$0	\$0
Sub-total		\$0	\$0
DIRECT COST TOTAL		\$0	\$0
ADMINISTRATIVE COST (BPHC Cap 12%)			
Program Director	0.00	\$0	\$0
Fringe	0%	\$0	\$0
		\$0	\$0
ADMINISTRATIVE COST TOTAL	12.0%	\$0	\$0
TOTALS EXPENSE		\$0	\$0
Invoice Amount		\$0	
<small>I hereby certify that the bills, receipts, and payroll documentation attached to this invoice are expenditures solely associated with the Ryan White Part A funding.</small>			
<small>Prepared by:</small>		<small>Authorized by:</small>	
Contact Name:	Name:		
Phone:	Title:		
Email:	Signature (blue ink):		

Sample Invoice with Indirect Rate Cost

BPHC City Funding			
<i>Monthly Invoice</i>			
Subrecipient Name:	ENTER AGENCY NAME HERE		INFECTIOUS DISEASE BUREAU USE ONLY APPROVED FOR PAYMENT
Pay To:	WRITE COMPLETE AGENCY NAME	Date: _____	
Address:	ENTER AGENCY ADDRESS HERE		
Bill To:	Boston Public Health Commission Procure to Pay Office 1010 Massachusetts Avenue Boston, MA 02118	Funding Source:	City of Boston
		Program:	Community Based Prevention
Part A Service:	EDUCATION & OUTREACH	Invoice Submission Date:	Enter submission Date
Activity#:	6226007	Billing Period:	Enter Billing Period
BPHC PO#	Enter new PO#	Invoice #:	EO(MONTH)FY22
PERSONNEL	FTE	Budget (A)	Amount this Invoice (B)
			Cumulative Billing (C)
			Remaining Balance (D)
Program Director	0.00	\$0	\$0
Health Educator	0.00	\$0	\$0
Public Health Navigator	0.00	\$0	\$0
		\$0	\$0
Sub-total	0.00	\$0	\$0
Fringe	30.00%	\$0	\$0
Personnel Totals		\$0	\$0
OTHER DIRECT COST			
Local Travel		\$0	\$0
Educational Supplies		\$0	\$0
Office Supplies		\$0	\$0
		\$0	\$0
Sub-total		\$0	\$0
DIRECT COST TOTAL		\$0	\$0
HHS INDIRECT APPROVED RATE	0.0%		
BPHC Indirect Rate Cap	12.0%	\$0	\$0
HHS INDIRECT APPROVED RATE COST TOTAL (12% Cap)		\$0	\$0
TOTALS EXPENSE		\$0	\$0
Invoice Amount		\$0	
<i>I hereby certify that the bills, receipts, and payroll documentation attached to this invoice are expenditures solely associated with the Ryan White Part A funding.</i>			
<i>Prepared by:</i>		<i>Authorized by:</i>	
Contact Name:		Name:	
Phone:		Title:	
Email:		Signature (blue ink):	