

Contract Agency Finance Division – Payments 123 William Street New York, NY 10038 cafdhelp@dycd.nyc.gov

The PERS submission is required once the contract has been registered. The PERS form must be emailed to <u>persubmission@dycd.nyc.gov</u> with two electronic signatures. If you have any questions, please email <u>cafdhelp@dycd.nyc.gov</u>.

# PROGRAM EXPENSE REPORT SUMMARY (PERS)

**Instructions: Microsoft Excel** 

DYCD útilizes the Program Expense Report Summary (PERS) to detail and track expenditures of funded Community Based Organization (CBO) provider's goods and services. A CBO is required to list all program related expenses on the PERS form. The report is analyzedby a Fiscal Analyst to determine whether the expenses submitted are appropriate for its contracted services and are within the approved budget. It is the instrument used to determine the amount of funds that will be reimbursed on a monthly and/or quarterly basis.

A monthly PERS is required for contracts with annual budgets of \$50,000 or greater. Providers must submit their PERS listing the expenditures made during the month by the 15th and no later than the 30th of the following month.

# Note: If a contract is registered late Providers can submit one PER to bring all retroactive expenses up to date. Once the contract is registered and every month thereafter monthly PERS submissions are due.

The Fiscal Manual contains the fiscal policies and procedures to be adhered to by CBOs contracted by DYCD. You may retrieve the Fiscal Manual, PERS, budget, budget modification and all other forms and financial documents from the DYCD's website at:

https://www1.nyc.gov/site/dycd/involved/funding-and-support/cbo-financial-services.page

Please review <u>Section One of the Fiscal Manual Budget overview</u> for a description of expenses to be charged to the appropriate budget categories.

# PAGE 1: PERS SUMMARY Page 1 (TAB: SUMMARY)

- 1. Complete the top portion of the PERS by entering the CBO's Name, Address, Budget Period, DYCD ID# and Budget Code.
- 2. Enter the Month and Year for which expenses are being reported. Quarterly PERS submission must reflect the quarter being reported.
- 3. Enter your approved line item budget under the column Approved Budget Total. Totalswill be calculated automatically.
- 4. The bottom section of the PERS should be completed and signed by the preparer and theExecutive Director. Please be sure to include the telephone number, extension and email address.
- 5. Complete Page 2 to Page 6. Individual category expenses will automatically calculate andtransfer to Page 1 under the column Expended this Period.

# Note:

- DYCD PERS must be prepared on a cash basis. Expenses should be reported on the PERS for the month in which the check was issued or, in the case of credit or debit cards, the monthin which the payment was made. For example, a PERS submitted for the month of October should reflect checks issued in October.
- There are circumstances where checks are allowed outside the PERS submission period. During the year end close out, a Provider may have a payroll service period or an invoice service period that crosses Fiscal Years. The prorated portion of that check must be charged to the appropriate Fiscal Year (or budget operating period if the budget ends prior to June 30, 2020). An example of this would be a payroll issued 07/10/2020 with a payroll service period of 06/22/2020 through 07/03/2020. Only June 22 through June 30th may be reflected on the June-Final Invoice. The remainder of the payroll would be reflected on the July PERS.
- PERS submissions are required once the contract is registered. Do not submit until the contract is registered.
- Budget Amendments pending registration should not be included on your PERS until theamendment is registered. You may submit expenses on the next upcoming PERS once registered.
- An amendment adding funds to the same ID number and budget code get consolidated once the amendment is registered. Amendments with different budget codes are reported separately.

# SALARIES AND WAGES

# PAGE 2: FULL-TIME (TAB: SALARIES FT)

Complete all fields for each full-time employee paid: Check Number, Direct Deposit Number, CheckDate, Payee Name, Title Code (**select from pull down menu**), Payroll Period, Gross Salary and Total DYCD Cost.

Total Full-Time Salaries will calculate automatically and transfer to Page 1. Please select the **titlecode on your approved budget.** Pages 2A - 2E are available if additional entries are required.

# PAGE 3: PART-TIME (TAB: SALARIES PT)

Complete all fields for each part-time employee paid: Check Number, Check Date, Payee Name, Title Code (**select from pull down menu**) Payroll Period, Hourly Rate, Hours Worked, and Salarycharged to DYCD.

Total Part-Time Salaries will calculate automatically and transfer to Page 1. Please select the **titlecode on your approved budget.** Pages 3A - 3E are available if additional entries are required.

#### Notes:

- Title codes and position title must match DYCD approved budget.
- Gross Salaries include all withholding taxes
- A part-time employee is generally defined as an employee who is scheduled to work less than 35 hours per week and/or is paid on an hourly or seasonal basis, and retains a part-time employment status with the organization. Seasonal employees may work 30 hours or more so as long as it's not for the entire budget period such as a summer employee.

# PAGE 4: FRINGE BENEFITS (TAB: FRINGE BENEFITS)

Complete the field for each check issued: Check Number, Check Date, Period Covered, Payee Name, Type of Fringe Benefits, Amount of Check and Amount Chargeable to DYCD. Total Fringe Benefits will calculate automatically and transfer to Page 1. The maximum FICApayable against claimed salaries is reflected at the bottom of Page 4. Pages 4A is available if additional entries are required.

#### Notes:

• Maximum FICA amount allowed on a PERS is 7.65% of salaries. It is automatically calculated on the bottom of the Fringe Benefits. Please check against your claimed amount.

#### PAGE 5: NON STAFF SERVICES (TAB: NON STAFF SERVICES)

Enter the appropriate Account Code **from the pull down menu**. Enter the Check Number, Date, Service Period Covered, Payee Name, Title Service, and Number of hours/days if applicable, amount of check, amount chargeable to DYCD.

Total Non Staff Services will calculate automatically and transfer to Page 1. Page 5A is available if additional entries are required.

# Notes:

- Consultants cannot be salaried employees or Members of the Board
- A consultant agreement must be on file

# PAGE 6: OTHER THAN PERSONNEL SERVICES (TAB: OTPS)

Complete the field for each check issued: Check Number, Check Date, Account Code (**select from pull down menu**), Item Description, Payee/Vendor Name, Invoice Service Date, Check Amount, andDYCD Cost.

Total Other Than Personnel Services will calculate automatically and transfer to Page 1. Page 6A isavailable if additional entries are required.

Note:

- Equipment purchase must be listed with an item description, equipment cost, DYCD cost, model number, manufacturer, and serial number for equipment \$500 or more. Purchases under \$500 will require an item description, Equipment Cost and DYCD cost only. All equipment purchased should be itemized in the equipment inventory list.
- Proof of Delivery Date: DYCD may require proof of delivery date for goods purchased between June 20<sup>th</sup> and June<sup>th</sup> 30<sup>th</sup>.
- Indirect Cost 3720: indicate the Service Period and the amount under DYCD cost. No other details are required. You may claim a monthly or quarterly prorated amount basedon your budget allocation and budget operating period.
- When paying with a corporate credit card you may indicate the type of credit card used inlieu of the check number.
- If reimbursing a purchase made with non-corporate card indicate the check number and indicate the credit card and Vendor Name under the Payee Vendor Name field. Example: Visa/Staples.

Budget Modification deadline is April 30<sup>th.</sup> There are only 3 modifications allowed in a Fiscal Year. The deadline for a budget modification is extended for contracts andamendments registered after March 17<sup>th</sup>. Refer to the Fiscal Manual for further details.

• Consumable supplies should have a brief description.

# PAGE 7: EQUIPMENT INVENTORY LIST (TAB: EQUIPMENT INVENTORY LIST)

Complete all fields if equipment purchase is equal or greater than \$500. Purchases under \$500require all fields up to item description to be entered.

The DYCD Total cost will not automatically calculate to the OPTS and summary worksheet. The DYCD total cost must reconcile with accounting line 3200.