



Franklin County
Board of Commissioners

**JOB & FAMILY
SERVICES**

FCDJFS RIO Instruction Guide

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Introduction

RIO (Results, Innovations & Outcomes) is an online grants management system developed for FCDJFS. Agencies must have access to the Franklin County Community Portal in order to access RIO. Once logged into the Community Portal agencies will be able to apply for bids and grants released by FCDJFS. If you experience any issues with the RIO system please send an email to dssrfp@fcdjfs.franklincountyohio.gov.

It is mandatory to submit your application for funding via RIO. Please note that the questions in the screenshots are samples and may not reflect the exact questions on your funding application.

Community Portal Site

The Community Portal can be found at: <https://communityportal.fcdjfs.franklincountyohio.gov>

Community Portal Registration

If you already have a Community Portal log-in, please skip to [page 8](#).

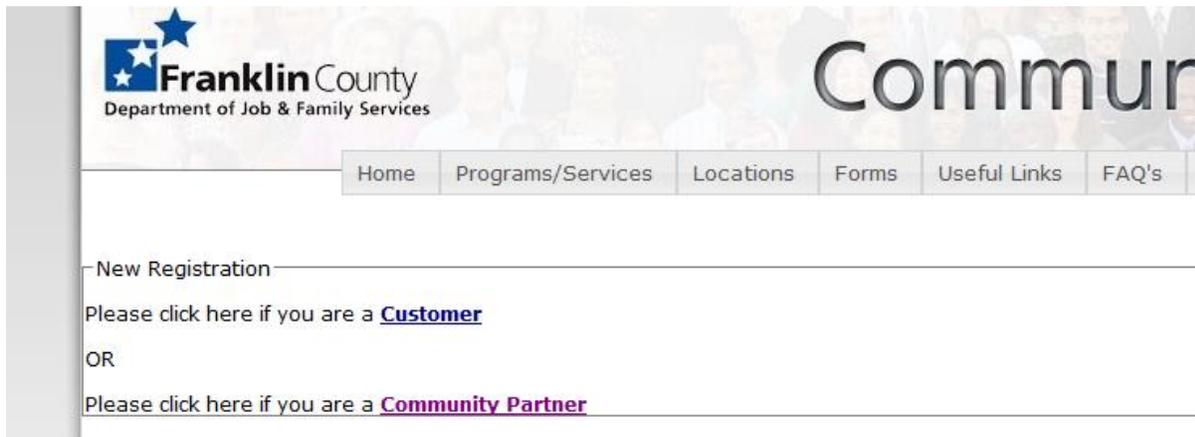
In order to use the Community Portal, you must register as a Community Partner and create a username and password. You will need to have your agency's Community Partner ID to register. The partner ID will be sent in an email message from FCDJFS. If you are unable to register please contact dssrfp@fcdjfs.franklincountyohio.gov.

Instructions

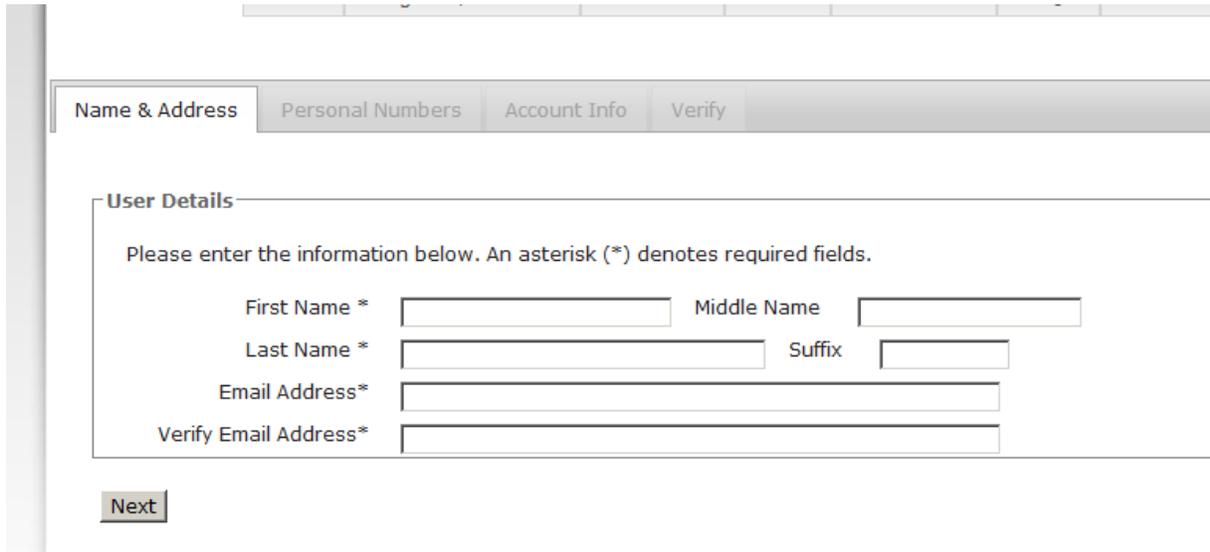
1. Go to the Community Portal site <https://communityportal.fcdjfs.franklincountyohio.gov>
2. Click the Register button.



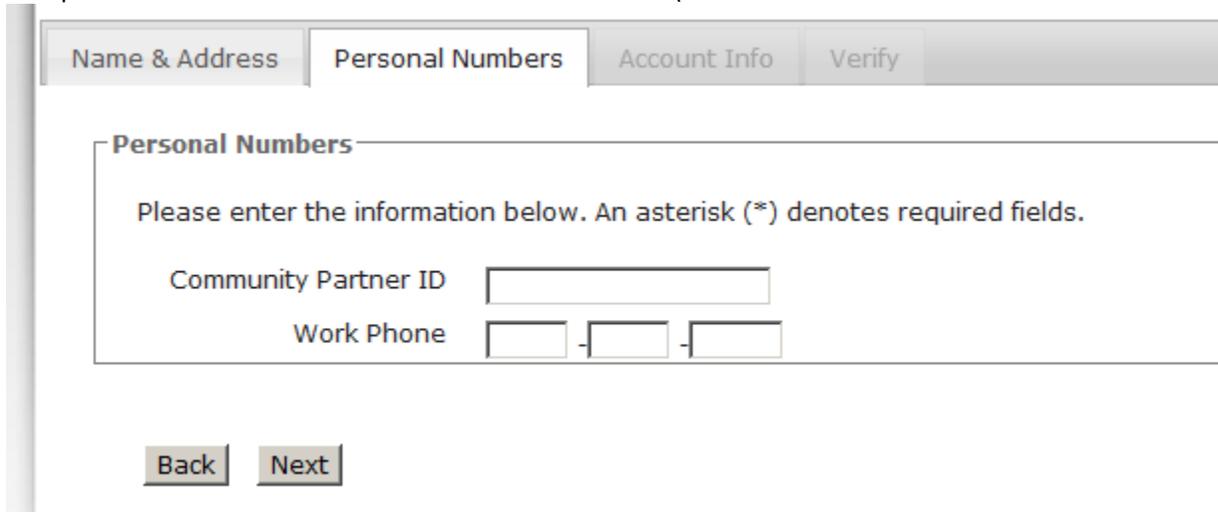
3. Select Community Partner.



4. Enter User Details then click Next.



5. Complete the Personal Numbers section then click Next (or Back to return to the Name and Address tab).



6. Complete the Account Information section then click Next (or Back to return to the Personal Numbers tab).

The screenshot shows a web form with four tabs: "Name & Address", "Personal Numbers", "Account Info", and "Verify". The "Account Info" tab is active. Below the tabs, the "Account Information" section contains a paragraph of instructions: "Please choose a password and answer the two security questions for your portal account. The password must contain one upper case letter, one lower case letter, one digit and be at least 8 characters long. The security questions will be password if you forget it. An asterisk (*) denotes required fields." Below this text are six input fields: "Password *", "Verify Password *", "Question 1 *", "Answer *", "Question 2 *", and "Answer *". The "Question 1" and "Question 2" fields are dropdown menus with "--Select--" as the selected option. At the bottom of the form, there are two buttons: "Back" and "Next".

7. Verify all information you entered is correct then click Create Account. If you made an error click on the correct tab (Name & Address, Personal Numbers or Account Info) to make corrections.

The screenshot shows the "Verify" tab selected in the web form. The "Verify" tab is highlighted in white, while the other tabs ("Name & Address", "Personal Numbers", "Account Info") are greyed out. Below the tabs, the "Verify" section contains the text "Please verify your information" followed by a list of user details: "Name: Test User", "Community Partner ID: Fran8125", "Email: tuser@sample.com", "Work Phone: (614)233-2000", "What is your Mother's Maiden name?", "Test", "What is the name of the city in which you were born?", "Test". At the bottom of the section, there is a "Create Account" button.

8. Congratulations! You have now successfully registered. You will receive an email with your username and password. You will also have the option to print a copy of your username and password for your records. If you click Login you will be taken to your Community Portal account.

Registration Successful

You have successfully registered to the Online Community Portal

Your User name and Password has been sent. Please check your email

You will need this information to log into the portal. [Print](#)

Login

Name: Test User **User Name:** TUse4804

Home Messages Search

Messages ▶

Community Portal Administrator New
New Community Partner: Child Enforcement Support Agency
 3/16/2016
 We would like to welcome Franklin County Child Enf...

Community Portal Administrator New
Veterans Service Commission: New Community Partner 3/16/2016

Phone N

FCDJFS
 EBT Hot
 Ohio EP
 Caresou
 Molina C

Logging In

1. Go to the Community Portal site <https://communityportal.fcdjfs.franklincountyohio.gov>
2. Click Login



- Enter your username and password. If a full Community Partner you will have access to three tabs upon login; Home, Messages and Search. If your agency has limited access you will not see the search tab.

Franklin County
Department of Job & Family Services

Home Programs/Services Locations Forms Useful Links F

Portal Login

Please enter your username and password:

User Name:

Password:

[Log In](#)

[Forgot User Name / Password](#)

Don't have a portal account? [Register Here](#)

Name: Test User **User Name:** TUse4804

Home Messages Search

Messages ▶

Community Portal Administrator New
New Community Partner: Child Enforcement Support Agency
 3/16/2016
 We would like to welcome Franklin County Child Enf...

Community Portal Administrator New
Veterans Service Commission: New Community Partner 3/16/2016

Phone Numbers

FCDJFS
 EBT Hot
 Ohio EP
 Caresou
 Molina C

RIO

Only Community Portal Administrators have access to RIO. If logged in as an Administrator the RIO link will appear on the Community Portal login screen (Home tab underneath Messages).

Please note- if you do not see the RIO link immediately you may need to scroll down.

The screenshot shows a navigation bar with tabs for Home, Messages, SecurityLog, and Membership. Below this, there are two main sections: Messages and Phone Numbers. The Messages section contains three entries from the Community Portal Administrator, each marked as 'New' and dated 3/2/2017. The Phone Numbers section lists several contact numbers for FCDJFS Call Center, EBT Hotline, Ohio EPPICard, Caresource Customer Service, and Molina Customer Service.

Please click on the link to access new [RIO](#) website !!

RIO Home

You will be directed to the Agency Profile section located in the Account Menu if the profile has not yet been completed for your agency. The Agency Profile must be completed and at least one board member must be added before you can start entering information into the remaining sections of the proposal. If there are no grants assigned to your agency and there are no current bids, this section will be blank when you log in.

The screenshot shows the RIO Home page. The header includes the Franklin County Board of Commissioners logo and the text 'The Rio System Results Innovations and Outcomes'. A green arrow points to the 'Account Management' dropdown menu, which is open and shows options for Home, Agency Profile, Board Members, Documents, and Log Out. The main content area is titled 'Funding Opportunities' and has columns for 'TITLE' and 'DEADLINE'.

Account Management Menu

The Account Management Menu is where you will provide information regarding your agency. There are links for Agency Profile, Board Members and Documents. Screenshots have been provided for each of the links. There are also links to the Home screen and an option to Log Out on this menu.

Agency Profile

Agency Profile

* Please provide us with the general information for your agency. Your agency profile should be updated as changes occur.

Agency's Legal Name	Test 1233		Federal Tax ID	12345656	
Mailing Address 1	Test 123		Mailing Address 2	test	
Mailing City	Test 344t	Mailing State	OH	Mailing ZipCode	12345
Corporate Address 1	Test qwertyuuioplkjhfdaszzx. bnnmmkkijubtrv		Corporate Address 2	test	
Corporate City	Test fgbb	Corporate State	PA	Corporate ZipCode	54351
Phone Number	123-456-7890	Fax Number	123-456-7890	Website URL	
Executive Director	test	Executive Director Email	testno@noemail.com	CFO	Test

Brief description of organization's history

testnoemail.com

Type of Organization:

- 501(c)(3) Non-profit
- For-profit business
- Government Entity
- Education Institute
- Faith Based
- Other (please describe):

Test

Save Profile

Board Members

Please note- If your agency does not have a board, enter N/A for First Name and then click Save.

Add Board Member:

First Name Last Name

Address Line 1 Address Line 2

City State

Zip Code Affiliation

Board committee Board Title
Ex: President, Secretary, Treasurer, Member etc..

Additional committee(s)

Documents

- Click Browse to locate the document you wish to upload
- Select the dropdown to the right of Select File Name to select the document name
- Enter a brief description if applicable

Required Documents

Only Word, Excel and PDF File Formats are allowed
Maximum allowed size of each file is 10MB

* Select File: No file chosen

* Select File Name:

Description:

Child Abuse and Neglect Reporting Policy
Child Pick Up Procedures
Clarification of Terms
Conflict of Interest Form
Delinquent Personal Property Tax Affidavit
Discipline Policy
Emergency Medical Procedures
Employee Discipline Policy
Employee Criminal Background Check Policy
Field Trip Procedures
Incident Reporting Procedures
Letter of Authorization
Medication Distribution Policy
Monthly Program Outcome Report
Monthly Invoice
Most Recent Audit
Other
Partner/Subcontractor Agreement

1. After selecting the RIO link you will be taken to the home page which lists available funding opportunities for your agency.



Funding Opportunities

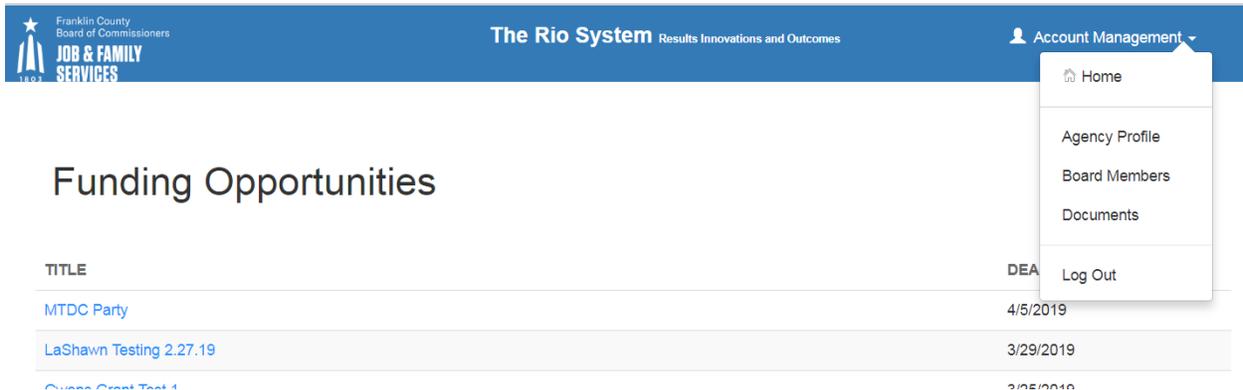
TITLE	DEADLINE
MTDC Party	4/5/2019
LaShawn Testing 2.27.19	3/29/2019
Gwens Grant Test 1	3/25/2019
Testing 2.6.19	3/22/2019
Stephanies Grant Test 1	3/8/2019

2. Click on the grant/bid title link to access the corresponding application.

Please note- you will be directed to the Agency Profile section if the profile has not yet been completed for your agency. The Agency Profile must be completed and at least one board member must be added before you can start entering information into the remaining sections of the proposal. See the [Account Management](#) (page 8) section for information on the Agency Profile.

RIO Navigation

1. From the home page select a grant/bid to apply for or select an option from the Account menu



- When in a grant/bid select a link from the menu bar or select an option from the Account menu

The screenshot shows the top navigation bar with the Franklin County Board of Commissioners logo, 'The Rio System Results Innovations and Outcomes', and 'Account Management'. Below the navigation bar is a breadcrumb trail: 'Home / Questionnaire / Narrative'. The main heading is 'Narrative' with a printer icon. A sub-heading reads: 'The purpose of the questionnaire is to ensure the agency has safeguards in place to protect the integrity of their programs and minimize the likelihood of waste, fraud and abuse.' Below this is a form with two buttons: 'Back to Questionnaire' (orange) and 'Save & Continue' (blue). The form section is titled 'Primary Program Contact Information:' and contains a text input field for 'Name & Title:' and a section for 'Is this person authorized to: Sign Contracts:' with radio buttons for 'Yes' and 'No'.

- Click the View Proposal button to begin completing the application.

The screenshot shows the top navigation bar with the Franklin County Board of Commissioners logo, 'The Rio System Results Innovations and Outcomes', and 'Account Management'. Below the navigation bar is a breadcrumb trail: 'Home / MTDC Party'. The main heading is 'MTDC Party'. Below the heading is a list of details: 'Reference Number: App-2019-240', 'Title: MTDC Party', 'Release Date: Monday, Feb 11 2019', and 'Due By: Friday, Apr 05 2019 at 5:00 PM'. There are two buttons: 'View Proposal' (blue) and 'Rescind Application' (red). The word 'Status:' is listed below the details.

- Click the link for each section of the grant/bid. These sections can be completed in any order. Remember to save your progress often. Each section will be described in detail in the sections below.

Please note- be sure your entire application is complete before clicking Submit Proposal. Once your proposal has been submitted there is no way for you to recall it. If submitted in error you must email dssrfp@fcdjfs.franklincountyohio.gov.

Narrative

1. Please answer each narrative question completely. In the Primary Program Contact Information section phone numbers must be entered in the correct format (614-555-2222) for them to be saved.
Please note- questions in the following screenshots are samples and may not reflect the exact questions on your funding application.

Back to Questionnaire Save & Continue

Primary Program Contact Information:

Name & Title:	<input type="text"/>	Is this person authorized to:	
Direct Line:	<input type="text" value="xxx-xxx-xxxx"/>	Sign Contracts:	<input type="radio"/> Yes <input type="radio"/> No
Email:	<input type="text"/>	Modify Budgets:	<input type="radio"/> Yes <input type="radio"/> No
		Modify Services:	<input type="radio"/> Yes <input type="radio"/> No
		Sign Invoices:	<input type="radio"/> Yes <input type="radio"/> No

2. The Program Information is labeled Page 1 of 3. After answering questions click Save & Continue at the bottom of the screen to move to Page 2 of 3.

Program Information Page 1 of 3

1. Program Name

2. Provide a detailed description of services/program activities:

3. Provide a list of the program goals and outcomes.

Program Goal	Activities to Meet Goal
<input type="text"/>	<input type="text"/>

7. Provide a description of the organization's experience in providing similar programs/services. If this is the first time providing the program describe indicators that program will be successful. (The response should include, but is not limited to, program services, program dates, days/week, hours/day, ages served, numbers served, funder, amount of funding, number of staff)

8. Describe any challenges (lessons learned) in the delivery of similar programs/services. How were issues addressed?

- On Page 2 of 3 you will be able to select Back to return to Page 1 of 3 or Save & Continue to go to Page 3 of 3.

Narrative

The purpose of the questionnaire is to ensure the agency has safeguards in place to protect the integrity of their programs and minimize the likelihood of waste, fraud and abuse.

Back
Save & Continue

Program Information
Page 2 of 3

9. Describe the management plan: must demonstrate the overall structure of the proposed service delivery model and how that structure will be sufficiently managed (include management of subcontractors and partners).

- For numbers 16 and 17 on Page 3 of 3, please enter the requested information then select Add New to save. A list will be created of the information you entered.
 - Subcontractors that have a fee in question 17 will appear in the budget
 - Select the Edit link to the left of a position to make changes to an entry. Use the red trash can icon to the right of a position to delete the entire entry.

Program Information
Page 3 of 3

16. Add Site Location(s) (If site status is Other explain in Type of Organization):

	Name	Address	Site contact info (if other than bidder)	New Site?	Type of Organization	Site Status ?
Edit	Test1	Tesrt		Yes		Site not secured
Add New	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	<input type="text"/>	Site not secured

17. Provide a description of any/all Community Partners or sub-contractual relationships. (Briefly describe roles and responsibilities. Fees will be listed in the budget section)

	Name	Type	Fee?	Description of Services
Edit	Testing 2	Subcontractor	Yes	aeiojwaie
Edit	Testing	Subcontractor	Yes	Fee
Add New	<input type="text"/>	Partner	Yes	<input type="text"/>

- For number 18, enter requested information about your staffing plan then click Add New after each staff person.

18. Program staff list. Provide information for positions/staff providing program services. Positions with the same title must be numbered i.e. Coordinator 1, Coordinator 2 etc.

	Type of Staff	Staff Name	Position Title	Brief Description of role in program
Edit	Direct	Stephanie S	Primary Tester	testing
Edit	Direct	Susan	Tester 1	testing
Edit	Direct	Bryan	Tester 2	testing
Add New	Direct	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Select the Edit link to the left of a position to make changes to an entry. Use the red trash can icon to the right of a position to delete the entire entry.
- Upload all required documents in the attachments section (immediately following question number 19).
 - Click Browse to find the document you want to attach

Attachments: 0 File(s) Uploaded

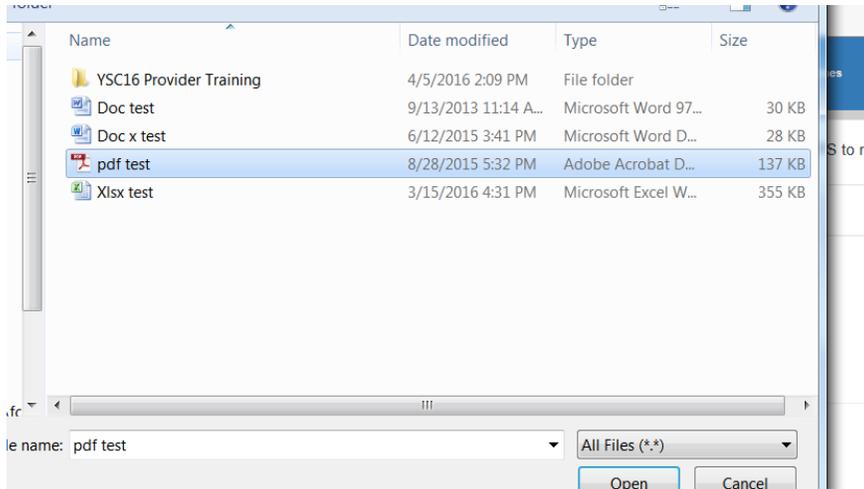
Only Word, Excel and PDF File Formats are allowed
Maximum allowed size of each file is 4MB

* Select File: Browse...

* Select File Name: -- ▾

Description:

8. Select the file you wish to attach then click Open



a. Select the File Name from the dropdown list and enter a brief description.

Attachments: 0 File(s) Uploaded

Only Word, Excel and PDF File Formats are allowed
Maximum allowed size of each file is 4MB

* Select File: Z:\Test Documents\pdf te... Browse...

* Select File Name:

- Child Abuse and Neglect Reporting Policy
- Child Pick Up Procedures
- Daily Program Schedule
- Discipline Policy
- Emergency Medical Procedures
- Employee Criminal Background Check Policy
- Evaluation tool
- Field Trip Procedures
- Incident Reporting Procedures
- Job Descriptions for All Positions
- Medication Distribution Policy
- Outline of Program Activities (minimum one week)
- Program License(s) (if applicable)
- Resumes and Licenses
- Sample flyer/outreach material
- Table of Organization
- Transportation Policy

Description:

* A Table of Organization: ational staff as well as subcontractors

Attachments: 0 File(s) Uploaded

Only Word, Excel and PDF File Formats are allowed
Maximum allowed size of each file is 4MB

* Select File: Z:\Test Documents\pdf te... Browse...

* Select File Name: Discipline Policy ▾

Description:

b. Click Upload. You will see a message that the File uploaded successfully

Attachments: 1 File(s) Uploaded

Uploaded File(s)			
Type	Document Name	Description	Remove All
PDF	Discipline Policy	Sample Discipline policy	Remove

Only Word, Excel and PDF File Formats are allowed
Maximum allowed size of each file is 4MB

File uploaded successfully

* Select File:

* Select File Name:

Description:

c. Repeat this process until all required documents have been uploaded then click Save

Type	Document Name	Description	Remove All
PDF	Discipline Policy	Sample Discipline policy	Remove
Word	Child Pick Up Procedures		Remove
Word	Outline of Program Activities (minimum one week)		Remove

d. After clicking Save, select the Questionnaire link at the top of the page

[Home](#) / [Questionnaire](#) / Narrative Youth Summer Camp 2017

Narrative

The purpose of the questionnaire is to ensure the agency has safeguards in place to protect the integrity of their programs and minimize the likelihood of waste, fraud and abuse.

Program Information Page 3 of 3

e. Select Risk Assessment to begin the next section of the application

Risk Assessment

1. There are three pages (screens) to the Risk Assessment. Please answer each question and click Save & Continue or Back at the bottom of each screen. On Page 3 of 3 Click Save and you will be taken back to the Submit Proposal page.

Agency Risk Assessment

The purpose of the questionnaire is to ensure the agency has safeguards in place to protect the integrity of their programs and minimize the likelihood of waste, fraud and abuse.

Financial Information Page 1 of 3

1. Total FCDJFS Award Requested

2. Total Program Budget

3. Total Agency Budget

4. What is the estimated number of clients to be served by the Agency's program?

5. What is the estimated number of clients to be served with the FCDJFS award?

6. If the Agency did not receive this grant, what would the financial/budget impact be on the Agency?

- Very little or no impact
- Little impact
- Moderate impact
- High impact
- Very high impact

[Save & Continue](#)

G. Did the Independent Audit list any Findings and/or Questioned Costs for Federal Awards?

- Yes
- No

H. Was a corrective action plan submitted for findings and/or questioned costs as stated in the independent audit?

- Yes
- No

I. Did the Independent Audit include a Schedule of Prior Year Audit Findings and Questioned Costs?

- Yes
- No

J. Was the Agency provided a management letter

- Yes
- No

If No: Can the Agency provide a financial statement completed by an independent accounting firm?

- Yes
- No

If Yes: Provide dates (month and year) of the financial statement

From Date:

To Date:

[Back](#)

[Save & Continue](#)

No

If yes, what changes were made?

aewaoiejfoiwjfoijwao

15. Does the Agency have an automated accounting system?

Yes

No

If yes, provide the name of the automated accounting system:

fjaowjfeoiwajf owaijfoiwajf owaijfe

A. Please rate the complexity of the automated accounting system:

Very simple

Simple

Complex

Moderately complex

Very complex

Budget

The budget is broken out into six sections that you must complete:

- Revenue for Budget Period
- Admin Costs
- Reimbursable Costs
- Salaries and Payroll Related Costs
- Occupancy Costs
- Equipment Depreciation

The Summary link displays the information you have entered into the budget.

Revenue for the Budget Period

1. Enter the requested information in each field then click Save

▼ Revenue for Proposed Program

Agency Fiscal Period Start Date: 03/31/2016

Agency Fiscal Period End Date: 03/31/2017

FCDJFS expects that your agency will be able to perform all proposed services regardless of whether pending funding is received or not. Please describe how your agency will fund program if pending function is not received.

Test text: 03/31/2016; 03/31/2017

- For date fields a date can be selected from the pop-up calendar or entered manually in the text box

Agency Fiscal Period Start Date: 03/31/2016

Agency Fiscal Period End Date: 03/31/2017

March 2016

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Save

- After Clicking Save scroll down to the Additional Funding for Proposed Program section
- Enter a brief description for each additional funding source for your program. Then enter the confirmed amount and any pending amounts. The Total Amount column will calculate when you click Save.

Additional Funding for Proposed Program

Description	Amount Confirmed	Amount Pending	Total Amount
Government test	12.00	12.00	24.00
Federal jagjorijger	300.00	300.00	600.00
State test	12.00	120.00	132.00
County 1	120.00	12.00	132.00

- Enter revenue amounts for your entire agency then click Save.

Total Projected Agency Revenue for your Fiscal Year

	Amount
From Private Consumers	4,800.00
Federal Subawards/Grants	346.00
Federal Contracts	345.00
State, County or Municipal Allocations	12.00
Contributions	12.00
Miscellaneous	12.00
Total Other Revenue	\$ 5,527.00

Save

- After saving select the Questionnaire link on the menu bar to return to the Submit Proposal page.

Admin Costs

1. Select Federal Approved Indirect Rate or 10% De Minimis
2. Enter a percentage for the Indirect Rate
3. Enter explanation of Administrative Costs

Please note – See the Budget Instruction Guide for full details regarding Administrative (Indirect Costs). A percentage of less than 10% can be entered for de minimis. A percentage must be entered on this page in order for Administrative Costs to calculate on the Summary page.

Select Administrative Costs Type

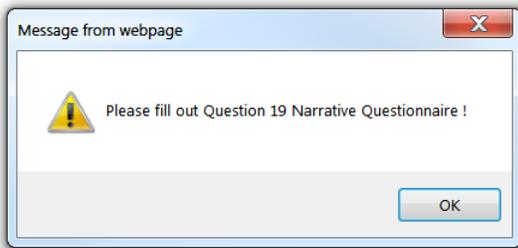
Percentage

Administrative Costs Explanation

Reimbursable Costs

1. Select the Reimbursable Costs link from the Submit Proposal page

Please note- You will receive a message to remind you to enter all subcontractors that will be paid a fee in the narrative section. Subcontractors must be entered in the narrative in order for them to appear in the budget. If your program isn't using subcontractors click OK and move to the next question.



2. The budget From and To dates should reflect the timeframe of your program. Once dates have been entered click Save.

Reimbursable Costs

Budget From Date: Budget To Date:

- Direct Contracted Service Costs- There will be a dropdown list for Name of Contractor. The list is populated with contractors that were entered in the Narrative. Services provided will also be populated from the Narrative. Complete information for each contractor and click Save. You will see a list of all contractors that have been added.

Please note- If you have a flat fee contract enter the total amount in fee per hour and enter 1 in number of hours. Enter Fee Per Hour and Number of Hours OR Total Amount of contract. Entering both will cause the amount to duplicate.

▼ I.A.1 Direct Contracted Service Costs

Name of Contractor

Contact Information (phone, email, etc.)

Fee Per Hour (if applicable)

Number of Hours (if applicable)

Total Cost: \$ 500.00

	Name	Contact Information	Services	Fee Per Hour	Number of Hours	Total Cost	
Select	ZTest1	123-456-7890	asdsffffasdsffffasdsffffa	25.00	20.00	500.00	

- Direct Travel and Training Costs- Enter the cost of each item in the first column and the number of items that will be purchased in the second column. The Total Cost will calculate for you. Click Save after completing the section.

▼ I.A.2 Direct Travel and Training Costs

1. Agency Vehicle Costs	Cost per (if applicable)	Number of (if applicable)	Total Cost
a. Gasoline and oil	<u>12.00</u>	<u>12.00</u>	144.00
b. Vehicle Repair	<u>10.00</u>	<u>5.00</u>	50.00
c. Vehicle License	<u>100.00</u>	<u>7.00</u>	700.00
d. Vehicle Insurance	<u>3.00</u>	<u>3.00</u>	9.00
e. Other	<u>13.00</u>	<u>13.00</u>	169.00
2. Mileage	<u>0.50</u>	<u>500.00</u>	250.00
3. Conference, Meeting and Training Costs	<u>300.00</u>	<u>2.00</u>	600.00
4. Purchased Transportation			
a. Bus Passes	<u>4.50</u>	<u>50.00</u>	225.00

7. Explanations- There is a section for each budget section to explain cost calculations or provide other information to FCDJFS.

Reimbursable Costs Explanations:

I.A.1 Direct Contracted Service Costs

I.A.2 Direct Travel and Training Costs

ttest

I.A.3 Direct Consumable Supplies and Related Costs

test

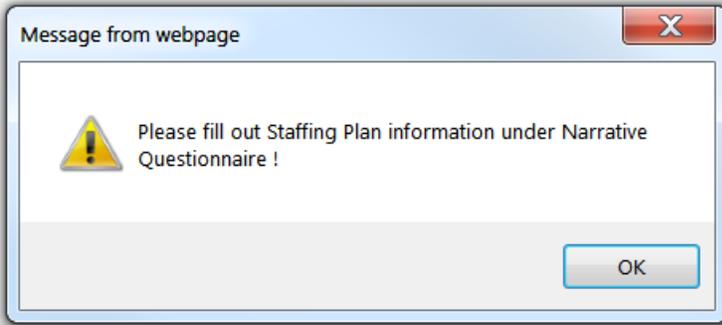
I.A.4 Incentives Paid to Participants

test

Salaries and Payroll Related Costs

1. Select the Salaries and Payroll Related Costs link from the Submit Proposal page

Please note- You will receive a message to remind you to enter staff members in the Narrative. Staff must be entered in the narrative in order for them to appear in the budget. If you wish to add staff later click OK and move to the next question.



2. Enter the percentage rates for each payroll related cost and click Save.

Salaries and Payroll Related Costs

Select Type : ▼ Back to Questionnaire

II.A.2 Payroll Related Costs:

	Actual % Rate
Social Security / Medicare	<input type="text" value="2.00"/>
Worker's Comp	<input type="text" value="2.00"/>
Unemployment Insurance	<input type="text" value="2.00"/>
Retirement Expense	<input type="text" value="2.00"/>

Please note – Social Security/Medicare and Worker’s Comp are the only rates used to calculate payroll related costs in RIO.

- Select a position from the dropdown box and enter all requested information for the position.

Please note- this step must be completed for each staff person listed in the narrative.

Salaries

Position Title (each employee position must be individually itemized) Smith ▼

FTE position for the Agency _____

Total Annual Salary _____

FTE position for the Program _____

Total Salary for Program Budget Period _____

% charged to FCDJFS _____

Retirement Expense _____

UnEmployment Expense _____

Health Insurance _____

Dental Insurance _____

Vision Insurance _____

Life Insurance _____

Short Term Disability _____

Long Term Disability _____

Save
Cancel

- A list of staff and costs will be created

Total Salary: \$ 67,000.00
 Total Benefit Amount: \$ 320.00
 Total Payroll Related Amount: \$ 2,680.00
 Total Amount Charged: \$ 70,000.00

	Position Title	Total Salary for Program Budget Period	Total Salary	Total Benefit Amount	Total Payroll Related Amount	Total Amount Charged	
Select	test	48,000.00	24,000.00	80.00	960.00	25,040.00	
Select	test	30,000.00	7,500.00	80.00	300.00	7,880.00	
Select	Jones	22,000.00	5,500.00	80.00	220.00	5,800.00	
Select	Smith	30,000.00	22,500.00	80.00	900.00	23,480.00	
Select	Jones	15,000.00	7,500.00	0.00	300.00	7,800.00	

5. Positions can be edited by clicking Select, changing information above, and then selecting Update

Position Title (each employee position must be individually itemized) Smith 

FTE position for the Agency 1

Total Annual Salary 25,000.00

FTE position for the Program .25

Total Salary for Program Budget Period 20,000.00

% charged to FCDJFS 75.00

Retirement Expense 10.00

UnEmployment Expense 10.00

Health Insurance 10.00

Dental Insurance 10.00

Vision Insurance 10.00

Life Insurance 10.00

Short Term Disability 10.00

Long Term Disability 10.00

Update Cancel

Total Salary: \$ 59,500.00
Total Benefit Amount: \$ 320.00
Total Payroll Related Amount: \$ 2,380.00
Total Amount Charged: \$ 62,200.00

	Position Title	Total Salary for Program Budget Period	Total Salary	Total Benefit Amount	Total Payroll Related Amount	Total Amount Charged	
Select	test	48,000.00	24,000.00	80.00	960.00	25,040.00	
Select	test	30,000.00	7,500.00	80.00	300.00	7,880.00	
Select	Jones	22,000.00	5,500.00	80.00	220.00	5,800.00	
Select	Smith	20,000.00	15,000.00	80.00	600.00	15,680.00	
Select	Jones	15,000.00	7,500.00	0.00	300.00	7,800.00	

6. To delete a position select the red trash can icon

Please note: If you accidentally delete a staff position you can add them again by repeating step 4 above

Occupancy Costs

This section works in the same way as previous sections. Enter requested information then click Save. Screenshots have been provided for each section.

▼ Occupancy

Occupancy (rent/mortgage/lease)	Cost per Budget Period	% of use for Program	Total Cost
Occupancy Cost	<u>500.00</u>	<u>25.00</u>	125.00

Save

Please Note:
* Complete Occupancy or Depreciation- NOT BOTH

▼ Depreciation

Depreciation	Balance to be Depreciated	Balance of useful life (in months)	% of use for program	Months in budget period	Chargeable Costs	Depreciation Cost
Balance to be depreciated	<u>2,500.00</u>	<u>6.00</u>	<u>75.00</u>	1.03	429.17	321.88

Save

Please Note:
* Complete Occupancy or Depreciation- NOT BOTH

▼ Maintenance and Utilities

Maintenance and Utilities	Cost per Budget Period	% of use for Program	Amount
Maintenance and Repairs	<u>200.00</u>	<u>25.00</u>	50.00
Utilities			
Heat & Light	<u>300.00</u>	<u>25.00</u>	75.00
Telephone	<u>350.00</u>	<u>25.00</u>	87.50
Water	<u>400.00</u>	<u>25.00</u>	100.00
Other	<u>450.00</u>	<u>25.00</u>	112.50
			Total: \$ 425.00

Save

Please Note:
* Only include utilities in this section if they are not included in rent.

▼ Rental Costs

Total Cost: \$ 300.00

Location/Site Name	Rental Cost for Budget Period	% of use for Program	Total Cost
Edit South	300.00	100.00	300.00 
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add New"/>

Please Note:
* Include all site rentals here (including short term rentals). A lease agreement must accompany each location listed.

Costs Explanations:

Salaries

Payroll Related Costs

Occupancy Costs

Equipment Depreciation

This section works in the same way as previous sections. Enter requested information then click Save. Screenshots have been provided for each section.

Equipment Depreciation

Select Type :

Equipment to be Depreciated

New /Used

Date Entered into Service

Quantity

Total Actual Cost

Balance to be Depreciated

Balance of Useful Life (in months)

% Use for program

Budget Summary

The budget summary displays all of the information you've entered in each section of the budget. This is where you can view the amount of Administrative Costs based on your Indirect Rate percentage. You will not be able to enter/edit any of the information on this page.

Internal Controls Questionnaire

1. The Internal Controls Questionnaire functions in a similar way to the Risk Assessment. Provide the requested information then click Save. Screenshots have been provided for each section.

Agency Internal Controls Questionnaire

The purpose of the questionnaire is to ensure the agency has safeguards in place to protect the integrity of their programs and minimize the likelihood of waste, fraud and abuse.

How many years in business?	
<input type="radio"/> Less than 3	
<input type="radio"/> Over 5	
How long has agency been contracting with the CDJFS?	
<input type="radio"/> Less than 3	
<input type="radio"/> Over 5	
Is the Agency on a cash or accrual basis?	How many programs are operated by the agency?
<input type="radio"/> Cash	<input type="radio"/> 1-2
<input type="radio"/> Accrual	<input type="radio"/> 3-5
<input type="radio"/> Over 5	
Provide name of accounting software used	Date of last independent audit (Fiscal Year ending)
<input type="text"/>	<input type="text"/>
Name of CPA Firm	Name of Contact at CPA Firm
<input type="text"/>	<input type="text"/>

Cash Receipts/Deposits:		Page 1 of 2
1. Are cash handling responsibilities rotated among employees when possible?	Person Responsible / Comments:	
<input type="radio"/> Yes	<input type="text"/>	
<input type="radio"/> No		
<input type="radio"/> N/A		
2. Are all checks received made payable to the name of the organization?	Person Responsible / Comments:	
<input type="radio"/> Yes	<input type="text"/>	
<input type="radio"/> No		
<input type="radio"/> N/A		
3. Are checks restrictively endorsed "for deposit only" immediately upon receipt?	Person Responsible / Comments:	
<input type="radio"/> Yes	<input type="text"/>	
<input type="radio"/> No		
<input type="radio"/> N/A		
4. Is the mail opened by someone independent of the accounting function?	Person Responsible / Comments:	
<input type="radio"/> Yes	<input type="text"/>	
<input type="radio"/> No		
<input type="radio"/> N/A		

Petty Cash

1. Has the Board authorize the use of a petty cash fund?

- Yes
- No
- N/A

Person Responsible / Comments:

2. Are there policies and procedures outlining the petty cash process?

- Yes
- No
- N/A

Person Responsible / Comments:

3. Is management approval required prior to petty cash disbursements?

- Yes
- No
- N/A

Person Responsible / Comments:

4. Are petty cash funds kept in a secure storage area?

Person Responsible / Comments:

Purchasing / Vendor Payments

1. Are there written purchasing policies and procedures for acquiring goods to include on-line purchases and securing services?

- Yes
- No
- N/A

Person Responsible / Comments:

2. Are all expenses visibly coded with the program name, funding source and GL Account?

- Yes
- No
- N/A

Person Responsible / Comments:

3. By Whom?

Person Responsible / Comments:

4. Are leases secured for all occupancy arrangements?

- Yes

Person Responsible / Comments:

Travel

1. Does the organization have a travel policy?

- Yes
- No
- N/A

Person Responsible / Comments:

2. Is all travel expenses reviewed for benefit and cost to the organization prior to trip approval being given?

- Yes
- No
- N/A

Person Responsible / Comments:

3. Are original, detailed receipts required from staff submitting expense reimbursement?

- Yes
- No
- N/A

Person Responsible / Comments:

4. Does the mileage reimbursement form require detailed travel information?

Person Responsible / Comments:

Credit Cards Page 1 of 3

1. Does the agency use credit cards?

Yes
 No
 N/A

Person Responsible / Comments:

2. If so, is there a written policy governing the use and safe keeping of the cards?

Yes
 No
 N/A

Person Responsible / Comments:

3. Are charges specific to business purposes only?

Yes
 No
 N/A

Person Responsible / Comments:

Subrecipient Monitoring

1. Were federal funds passed through to another agency for the purpose of fulfilling the subaward agreement?

Yes
 No
 N/A

If no, stop here

2. If yes, was the subrecipient provided with the following information?

2.1 The CFDA title and number, award name and number, award year?

Yes
 No
 N/A

Person Responsible / Comments:

2.2. Advised of requirements imposed by Federal laws, regulations, and the provisions of the subaward agreement?

Person Responsible / Comments:

Submit Proposal

When you have entered all of the requested information and are ready to submit Click Submit Proposal. You will receive a pop-up asking if you are sure you want to submit. If you are ready to submit to FCDJFS click OK. If you need to make revisions click Cancel.

Please note- be sure your entire application is complete before clicking Submit Proposal. Once your proposal has been submitted there is no way for you to recall it. If submitted in error you must email dssrfp@fcdjfs.franklincountyohio.gov.

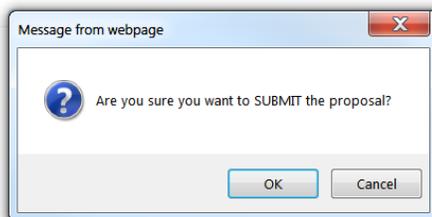
[Home](#) / [Submit Proposal](#)

Summer Camp Test

- [Narrative](#)
- [Risk Assessment](#)

BUDGET

- [Revenue for Budget Period](#)
- [Reimbursable Costs](#)
- [Salaries and Payroll Related Costs](#)



[Submit Proposal](#)

Once you have submitted the application the Status will update and you will no longer be able to revise your grant/bid application.

[Home](#) / LaShawn Testing 2.27.19

LaShawn Testing 2.27.19

Reference Number: App-2019-236
Title: LaShawn Testing 2.27.19
Release Date: Wednesday, Feb 27 2019
Due By: Friday, Mar 29 2019 at 5:00 PM

[View Proposal](#)

[Rescind Application](#)

Status: Your application has been submitted to FCDJFS

Rescind Application

1. If your agency no longer wishes to apply for funding you can select Rescind Application from the Submit Proposal page. When you click Rescind Application you will need to indicate that the decision has been discussed with executive management at your agency and give a reason why you wish to rescind. Once this is complete click Save.

[Home](#) / MTDC Party

MTDC Party

Reference Number: App-2019-240
Title: MTDC Party
Release Date: Monday, Feb 11 2019
Due By: Friday, Apr 05 2019 at 5:00 PM

[View Proposal](#)

[Rescind Application](#)

Status:

Rescind Application:

Select the item to rescind

Reason you wish to rescind the application

The decision to rescind this application has been discussed with executive management.

[Submit](#)

[Close](#)

2. Once you have clicked Save the status will update on the Submit Proposal screen. You will no longer have access to the View Proposal or the Rescind Application buttons.

Reference Number: App-2017-144

Title: Camp Test 2

Release Date: Monday, Feb 13 2017

Due By: Friday, Mar 10 2017

Status: Your request has been received. You will be contacted by a JFS staff person to discuss your request.