

EDUCATION JOBS FUND (EJF)
REIMBURSEMENT REQUEST / REPORTING FORM INFORMATION

A Reimbursement Request / Reporting Form (Request) is required to receive reimbursements and to submit reports for the Education Jobs Fund (EJF). This Request was formatted in Excel with an Instruction tab and a Form tab. The highlighted GRAY fields in the Form tab are the only areas that should be filled in. Click [here](#) to access the Request Form.

To expedite payments, the Governor's Office will accept an electronic version of the Request, along with scanned payroll records and/or invoice documentation that provides proof of the use of EJF funds.

For the expenditures associated with the Request, it will be necessary to determine the number of hours worked on the EJF each quarter by nonexempt FLSA employees and the percentage of funds used each quarter for exempt FLSA employees. Bonuses or incentives (or related costs other than salaries) are not to be included in the FTE calculations.

After the documents are printed and the request is signed, you may scan and e-mail them to:
Julie.C.Palas@wv.gov

If necessary you may mail the signed request and related documents to:

Julie C. Palas, Grant Administrator
Office of the Governor
1900 Kanawha Boulevard East
Building One, Room W-317
Charleston, WV 25305

Payments will be processed upon receipt of the documents requested above. If you have questions regarding reimbursement or reporting, please call Julie at 304-558-0757. Thank you for your cooperation and assistance in ensuring proper use of the EJF monies throughout West Virginia.

The following information and links may help you find answers to some of your EJF questions or concerns:

- U.S. Department of Education website at <http://www2.ed.gov/programs/educationjobsfund/index.html>: *The Ed Jobs program provides assistance to States to save or create education jobs for school year (SY) 2010-2011,¹ including many positions ordinarily paid for with State or local funds. A local educational agency (LEA) may use Ed Jobs funds for compensation and benefits and other expenses, such as support services, necessary to retain existing employees, to recall or rehire former employees, and to hire new employees, in order to provide early childhood, elementary, or secondary education and related services. An LEA may use Ed Jobs funds to support, for example, teachers, principals, academic coaches, paraprofessionals, counselors, librarians, secretaries, social workers, psychologists, speech therapists, nurses, athletic coaches, security officers, custodians, bus drivers, and cafeteria workers.*
- EJF guidance with more details on allowable uses of these funds is available at: <http://www2.ed.gov/programs/educationjobsfund/governors-ed-jobs-guidance-final-8-13-10.doc>.)
- Track grants awards for EJF: <http://www.educationjobsfund.gov/accountability/Pages/default.aspx>.
- EJF information on the WV Department of Education website: <http://wvde.state.wv.us/achieve21/>.
- Reimbursement request forms and instructions: www.recovery.gov/EdJobs .

¹ An LEA that has funds remaining after SY 2010-2011 may use those remaining funds through September 30, 2012.

Education Jobs Fund Reimbursement Request Instructions

- Box 1: **Grantee** – Enter the name of the County of the Local Educational Agency (LEA) that is requesting the reimbursement.
- Box 2: **Authorized Official and Title** – Enter the full name of the person authorized to request funds on behalf of the grantee.
- Box 3: **Telephone number** – Enter the area code and telephone number of the office of the authorized official.
- Box 4: **Address** – Enter the address, city, state, and 9 digit zip code of the LEA.
- Box 5: **Contact Name/Telephone Number/Email Address** – Enter the full name, direct dial telephone number and email address of the person who will be most likely to answer questions regarding this form.
- Box 6: **Grant Agreement ID #** – Enter the grant ID # from your one-page Grant Award Agreement.
- Box 7: **Amount of Grant Award** – Enter grant amount from one-page Grant Award Agreement.
- Box 8: **Date of request** – Please enter today's date.
- Box 9: **Amount of this Request** – Enter the reimbursement amount you are requesting.
- Box 10: **Timeframe Covered for Reimbursement** – Enter the dates of the first cost to the last cost you are requesting reimbursements for.
- Box 11: **Jobs - Box A – For Nonexempt FLSA employees** – Enter the aggregate number of hours that employees worked during each quarter that is included in this request.
- Box 12: **Jobs - Box B – For Exempt FLSA employees** – i. Enter the average % of EJF used in a quarter to fund salaries included in this request. For example: Two professors are funded at 50% and one is funded at 25% by the grant. The formula is $50+50+25 = 125$, divided by $3 = 42$ (rounded), so enter 42. ii. Enter the number of employees used to calculate i. above.
- Box 13: **Authorized Official Signature and Printed Name** – Have the request signed and dated by the authorized official. Also print the name.

FOR GOVERNOR'S OFFICE USE ONLY – Please do not mark in this box.

Send the completed request form with supporting documentation to:

Julie C. Palas, Grant Administrator
Office of the Governor
1900 Kanawha Boulevard East
Building One, Room W-317
Charleston, WV 25305

You may also e-mail your signed request form to: julie.c.palas@wv.gov



Education Jobs Fund (EJF) Reimbursement Request / Reporting Form



CFDA 84.410 Grant Award # S410A100049

1. Grantee: <p style="text-align: center;">Board of Education</p>	2. Authorized Official and Title:
3. Telephone Number: <p style="text-align: center;">() -</p>	4. Address:
5. Contact Name/Telephone Number/Email Address:	
6. Grant Agreement ID #: EJF 2011-__	7. Amount of Grant Award: \$
8. Date of Request: mm/dd/20__	9. Amount of This Request: \$
10. Timeframe Covered for Reimbursement: mm/dd/20__ to mm/dd/20__	

Wages / Benefits	Year: 20__	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
11. Jobs - Box A: (nonexempt FLSA)	In gray boxes enter total # of hours worked in a quarter by nonexempt FLSA employees, Automatically Calculates Jobs FTEs →	0	0	0	0
		0.0	0.0	0.0	0.0
12. Jobs - Box B: (exempt FLSA)	i. Enter average % of EJF used in a quarter to fund exempt FLSA employees. ii. Enter # of exempt FLSA employees. Automatically Calculates FTEs →	0%	0%	0%	0%
		0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0
Automatically Calculates Jobs TOTALS:		0.0	0.0	0.0	0.0

All supporting documentation must be attached to this request at the time of submission for timely processing.

I certify that costs claimed by this report are correct and just and are based upon actual grant requirements.

13. Authorized Signature: _____ Date: / /20__

Printed Name: _____

FOR GOVERNOR'S OFFICE USE ONLY

FIMS VENDOR ID # _____ FIMS INVOICE # _____

Received by _____ Date: / /20__

Reviewed by _____ Date: / /20__

Documentation Attached