

HOW TO FILL OUT CONFERENCE COST – SHEET A WORKSHEET

Revision Number: 001

Date: 3/16/2017

SCOPE:

This job aid/ tutorial serves as an aid to assist grantees and program offices with properly filling out the estimated expense justification/cost calculation section (SHEET A) for conference cost submission.

ORIGINATOR:

OCFO, Grant Financial Management Division (GFMD), Conference Cost Team.

REFERENCES:

The policy guidance referenced in this document is based off JMD Policy 1400.01 and the DOJ Financial Guide Conference Cost Section 3.10 – Conference Approval, Planning, and Reporting.

Grantees/Program Offices:

- Please fill out each justification section. If there are no costs associated with a section, please indicate it in the justification box (i.e. N/A – No printing costs will be covered). Please do not leave the section blank. This may cause the form to be returned to you.
- Do not use formulas or copy and paste on the submission form sheet; this will cause issues with data reporting.
- Do not upload revised versions of the submission form, changes should be made to the current one in the system.
- If conference is \$100,000 or less, please submit this form at least 90 days before event start date. If over \$100,000, it must be submitted at least 120 days prior to the event start date.
- Please read each section carefully. If any section of this form is filled out incorrectly, it may delay the approval process.

ESTIMATED EXPENSE JUSTIFICATION/COST CALCULATION SECTION**SHEET A:****Conference/Meeting Space**

Facilities used to hold a conference. Federal facilities should be considered first to minimize conference costs when applicable.

| Justification | Item | Cost per Day | Number of Days | Total Direct Costs |
|---------------|------|--------------|----------------|--------------------|
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|--|-------------|--------|---|---------|
| Meeting room rental costs: \$675.00 a day x 4 days plus 9% tax and 21% service charge = \$3561.04 | Room Rental | 890.26 | 4 | 3561.04 |
| Break out/Meeting Room plus 9% tax and 21% service charge = \$164.86 per day = \$659.44 | Room Rental | 125.00 | 4 | 659.44 |
| | | | | |

- **Justification** – This requires a detailed breakdown. Please provide the room rental rate including all taxes and service charges. If there are facility costs, a cost comparison of multiple facilities in multiple locations must be provided on the submission form and as a separate attachment. Also, please attach unsigned contract or letter of intent from the venue as a separate attachment.
- **Item** – Place item in this field. (i.e. room rental, taxes, svc. charge)
- **Cost Per Day** - Provide the cost per day. This field must be populated – (Do Not Leave Blank)
- **No. of Days** - Provide the number of days for the room rental. It should correspond with the event dates and the room rental contract. This field must be populated – (Do Not Leave Blank)

If non-federal facility, justification and calculations will also need to be provided on submission form Section H&I. A cost comparison of multiple facilities with a minimum of 5 locations will need to be on the submission form along with a strong documented justification to support: business rationale, majority of attendees nearby, federal facility, and low cost facility. **A copy of the selected facility's contract will need to be attached to supporting documents section.** The threshold for meeting room and AV combined is \$25 per attendee per day not to exceed total cost of \$20,000 (this includes indirect cost.)

A/V Equipment & Services

Audio-Visual services needed for the conference. If A/V is included, then it should be included in the hotel contract.

| Justification | Item | Cost per Day | Number of Days | Total Direct Costs |
|---|------------|--------------|----------------|--------------------|
| A/V rental costs: \$60.50 a day x 4 days plus 9% tax and 21% service charge = \$319.16 | A/V Rental | 79.79 | 4 | 319.16 |

- **Justification** – This requires a detailed breakdown. Please provide the A/V rental costs plus any applicable taxes and service charges. Please provide a copy of the AV quote to support the cost included in the request. If there are no taxes or service charges, please state it in the justification.
- **Item** – Place the item in this field.
- **Cost Per Day** - Provide the cost per day. This field must be populated – (Do Not Leave Blank)
- **No. of Days** - Provide the number of days for the equipment rental. It should correspond with the event dates and the room rental contract. This field must be populated – (Do Not Leave Blank)

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The threshold for meeting room and AV combined is \$25 per attendee per day not to exceed total cost of \$20,000 (this includes indirect cost.) If so, please lower the costs to meet the threshold or provide a detailed explanation as to why the threshold was exceeded and JMD approval would be required. Indirect cost rates are also applied when calculating threshold.

Printing and Distribution

This cost includes all printing and postage costs required for training materials.

| Justification | Item | Unit Cost | Quantity | Total Direct Costs |
|---|-----------------------|-----------|----------|--------------------|
| Postage costs to and from training, copying material on location, printing materials needed for training day 1 and 2 ABC Foundation will supply participant kits for each student at a cost of \$83.20 per participant; this is based on actual costs incurred at FedEx for printing these materials for previous trainings. The participant kits include the following materials: participant manual (\$50.00), nobility book (\$13.95), pocket resilience guide (\$13.75), and learning journal (\$5.50). The estimated shipping cost for each participant kit is \$2.30, which is based on actual costs incurred for previous trainings. | Postage to training | 20.00 | 4 | 80.00 |
| | Postage from training | 20.00 | 4 | 80.00 |
| | Copying | \$.10 | 52 | 5.20 |
| | Participant Kits | 83.20 | 52 | 4,326.40 |
| | Shipping kits | 2.30 | 52 | 119.60 |

- **Justification** – This requires a detailed breakdown. The grantee will need to provide an explanation of what items are needed for the event and why they are needed. For example, if it is a kit – please provide a breakdown of what the kit includes.
- **Item** – Place a description in this field.
- **Unit Cost** - The cost of the item. This field must be populated – (Do Not Leave Blank)
- **Quantity** - This number should be justifiable based on the number of participants.

M&IE

Meals and incidental expenses (portion of per diem) paid by the Department.

| Justification | Description | Per Diem Rate | No. of Travelers | No. of Days | Total Direct Costs |
|---|---|---------------|------------------|-------------|--------------------|
| Instructor #1 = 6.5 days x \$64 = \$416 per diem Day 1 - travel day at 75% = .75 day = \$48 Day 2 -6 - on-site instruction at 100% = 5 days = \$64 per day | ABC Instructor #1 @ 6.5 days = \$ 416 (1st/7th "travel" days @ 75% plus 5 on-site days @ | 64.00 | 1 | 6.5 | 416.00 |

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|---|-------------|--|-------|---|-----|--------|
| Day 7 - travel day at 75% \$48 | = .75 day = | 100%) | | | | |
| Staff #2 & #3 = 4.5 days x \$64 = \$288 x 2 = \$576 per diem | | ABC Staff #2 and #3 @ 4.5 days = \$ 288 (1st/5th "travel" days @ 75% plus 3 on-site days @ 100%) | 64.00 | 2 | 4.5 | 576.00 |
| Day 1 - travel day at 75% = \$48 | | | | | | |
| Day 2 – 4 on-site instruction at 100% = \$64 | | | | | | |
| Day 5 - on-site instruction & travel day at 75% = .75 day = \$48 | | | | | | |

- **Justification** – This requires a detailed breakdown. Please breakdown the number of travelers and who will be included (by name or title). Give details of travel days vs. on-site days. Be very specific.
- **Description** – Describe who will travel, the Travel Day vs. On-site Day breakdown. The travel day and onsite day can be added together (above example) or as separate line items.
- **Per Diem Rate** – Must match the GSA Rate on the Submission Form (Section C) Actual Travel days should be calculated at 75% of per diem rate. (If you use a rate that is above the GSA rate, please indicate if you are using your organization's travel policy.) However, if there are 30 or more attendees it is a requirement that you must use the GSA rate.
- **No. of Travelers** – Should match the justification.
- **No. of Days** – Number of Days traveling should match the justification.

If meals are provided, the meal must be deducted from the claimed M&IE.

LODGING

Hotel accommodations required for participants.

| Justification | Description | Lodging Rate | No. of Travelers | No. of Nights | Total Direct Costs |
|--|--|--------------|------------------|---------------|--------------------|
| \$158/night government rate plus taxes of 10.4% tax = \$174.43/night | Instructor #1 @ \$158/night + 10.4% tax = \$174.43 x 6 nights = \$1046.58 Hotel Tax | 174.43 | 1 | 6 | 1046.58 |
| Instructor #1 - = 6 nights Staff #2 - = 4 nights TOTAL = 10 nights | Staff #2 @ \$158/night + 10.4% tax = \$174.43 x 4 nights = \$697.72 | 174.43 | 1 | 4 | 697.72 |
| Total = 10 nights lodging = \$1744.30 | | | | | |

- **Justification** – The justification should equal the computation provided for no. of travelers and number of nights. Taxes should also be included in the justification. If no taxes are being charged, it will also need to be stated in the justification.

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- **Description** – Hotel Rate and Hotel Tax can be shown on the same line or separated.
- **Lodging Rate** – This rate should equal the hotel contract rate, and should not exceed the GSA rate.
- **No. of Travelers** – Should correspond with number or travelers listed in the justification.
- **No. of Nights** – Should correspond with the M&IE section.

TRANSPORTATION

Common Carrier Transportation for commuting to conference for all participants that require transportation.

| Justification | Description | Rate | No. of Travelers | Total Direct Costs |
|--|------------------------|--------|------------------|--------------------|
| Airfare estimated cost: \$550/flight x 5 = \$2750 | Flight – round trip | 550.00 | 5 | 2750.00 |
| Check baggage fees estimated cost: \$ 50/checked baggage x 5 = \$250 = \$3,000 | Baggage – roundtrip | 50.00 | 5 | 250.00 |

- **Justification** – The justification should include transportation source (i.e. airplane, train, etc.). Please include if baggage fees are included in the calculation. If not, it must be stated that baggage fees are not included.
- **Description** – Indicate mode of transportation and if it is roundtrip.
- **Rate** – Indicate the travel rate.
- **No. of Travelers** – Number of travelers that require common carrier transportation.

LOCAL TRANSPORTATION

Transportation Expenses associated with the conference for participants including: airport parking fees, rental car, mileage, etc.

| Justification | Item | Cost/Rate | No. of Trips, miles, vehicles, persons | Unit (miles, people, trips) | Total Direct Costs |
|--|---|-----------|--|-----------------------------|--------------------|
| ABC instructor #1 = \$ 417 (taxi rides to/from hotel airport \$50 x 2 = \$100, airport prkg \$30/day x 7 = \$210, mileage home/airport 100 miles x .535/mile x 2 trips = \$107) | Taxi (2 rides x \$50 x 2 instructors) | 50 | 4 | trips | 200.00 |
| ABC instructor #2 = \$ 357 (taxi rides to/from hotel airport \$50 x 2 = | Parking Fees (12 days x \$30) Airport | 30 | 12 | Days | 360.00 |

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|---|--|------|-----|-------|--------|
| \$100, airport prkg \$30/day x 5 = \$150, mileage home/airport 100 miles x .535/mile x 2 trips = \$107) | POV (mileage) (100 miles x 2 x \$.535 x 2instructors) | .535 | 400 | Miles | 216.00 |
|---|--|------|-----|-------|--------|

- **Justification** – The justification should be detailed. It includes: Taxi, Parking fees, shuttle service, mileage, etc. Please describe how each item cost was determined. For example, if mileage is included, please explain how the mileage was determined.
- **Item** – Each service should be broken out by line (example above).
- **Cost/Rate** – Cost should be reasonable and justifiable.
- **No. of Trips** – Please include the number by: trip, miles, person, etc. *Do Not Leave Blank
- **Unit** – Please describe how you are calculating costs: by – trip, miles, person, etc. - ***Do not leave blank or place numbers in this field.**

*DOJ Attendee Local Transportation should be separate.

LOGISTICAL PLANNER

Plans the logistics to hold a conference, which may include: recommending venues, advertising, setting the stage and audio-visual equipment, securing hotel rooms, interacting with caterers, travel reservations, handling registration, etc.

| Justification | Name& Title | Cost/Rate | No. of Hours/Days | Unit Type (Hours, Days) | Total Direct Costs |
|---|-------------|-----------|-------------------|-------------------------|--------------------|
| Staff time allocated for logistical planning including: <ul style="list-style-type: none"> • flight arrangements; hotel arrangements; putting up a registration page and continuously managing attendees; updating the website with the new training, creating & sending marketing emails; creating registration and conference handouts and shipping them, etc. – 16 hours (off-site) • Traveling to and from the location – 10 hours (off-site) • Time spent in prep time before even – 7 hours (on-site) • On the days of the event: assists speakers with set up of projector, sound, lighting, time management, trouble shoot any issues - 8 hours (on-site) • Staff provides certificates of completion – 1 hour (off-site) • Enters pre/post tests and evaluations and creates postmortem document – 3 hours (off-site) Off-Site Time – approx. 30 hrs On-Site Time – approx. 15 hrs Staffs attending this event are salaried employees of the ABC Foundation and fringe benefits are \$7.98 and | Employee 1 | 23.43 | 45 | Hours | 1054.35 |

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included in the hourly rate; their salaries include time spent planning the event, traveling to and from the location and includes their time spent in prep time before, during and after the event. On the days of the event, staff work approximately 8 hrs. Confirm all training materials arrived at hotel and are in proper condition. Make copies if needed or pick up any supplies for training. While on-site, staff registers attendees, provides materials to attendees, conducts pre/post test. Responsible for sign in sheets and evaluations and is available for any housekeeping issues and registration of late arrivals. Staff provides certificates of completion. (45 hrs)
 Off-Site Time – approx. 30 hrs
 On-Site Time – approx. 15 hrs

- **Justification** – The justification should be very detailed. Please breakdown duties being performed by task for the logistical planner to support the number of hours. If staff is included, please confirm if staff attending will be compensated for time spent traveling. If so, the costs will need to be included in this request. Please include if planners rates are inclusive of fringe benefits. If fringe benefits are not included, please state how they will be provided. Please ensure all tasks are logistical in nature and not programmatic. If the same person will be doing both functions, then it must be accounted for in each section separately.
- **Name & Title** – Person Name and Title (indicate if the person is staff or consultant)
- **Cost/Rate** – Staff/Salary/Consultant Rate (include fringe benefits if applicable for staff).
- **No. of Hours/Days** – The hours should be reasonable based on the event. Ensure that it is not excessive.
- **Unit Type** – Please complete the Unit Column. Indicate if it is by Hours or Days - ***Do not leave blank or place a number in this field.**

Please ensure that the logistical planning threshold is not exceeded which is based on direct costs and indirect costs for logistical planner plus the indirect on staff transportation, local transportation, meals and lodging. The threshold is \$50 for each attendee not to exceed \$8750. If so, please lower the costs to meet the threshold or provide a detailed explanation as to why the threshold was exceeded for logistical planning and JMD approval would be required.

PROGRAMMATIC PLANNER

Plans and develops the conference agenda, content, and written materials. May identify subject matter experts and conference participants.

| Justification | Name & Title | Cost/Rate | No. of Hours/Days | Unit Type (Hours, Days) | Total Direct Costs |
|--|--------------|-----------|-------------------|-------------------------|--------------------|
| Staff time allocated for programmatic planning including: <ul style="list-style-type: none"> • Securing speakers, communication with speakers, maintains the budget for the training - 2 hours (off-site) • Preparing and responding to OJJDP/OCFO | Employee 2 | 30.20 | 24 | Hours | 724.80 |

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Conference Cost email/inquiries – 3 hours (off-site)

- Traveling to and from the location – 7 hours (off-site)
- Time spent in prep time before even – 2 hours (on-site)
- On the days of the event - 8 hours (on-site)
- Staff meets with local commander and key staff to understand current wellness program and where office can provide assistance while developing next step – 2 hours (on-site)

Off-Site Time – approx. 12 hrs

On-Site Time – approx. 12 hrs Staff attending this event are salaried employees of the ABC Foundation and fringe benefits of 32% are included in the hourly rate; their salaries include time spent planning the event, traveling to and from the location and includes their time spent in prep time before, during and after the event. On the days of the event, staff work approximately 8 hrs. While on-site, staff meets with local commander and key staff to understand current wellness program.

Off-Site Time – approx. 9 hrs

On-Site Time – approx. 15 hrs

- **Justification** – The justification should be very detailed. Please breakdown duties being performed by task for the programmatic planner to support the number of hours. If staff is included, please confirm if staff attending will be compensated for time spent traveling. If so, the costs will need to be included in this request. Please include if planners rates are inclusive of fringe benefits. If fringe benefits are not included, please state how they will be provided. Please ensure all tasks are programmatic and not logistical in nature.
- **Name & Title** – Person Name and Title (indicate if the person is staff or consultant)
- **Cost/Rate** – Staff/Salary/Consultant Rate (include fringe benefits if applicable for staff).
- **No. of Hours/Days** – The hours should be reasonable based on the event. Ensure that it is not excessive.
- **Unit Type**– Please describe how you are calculating costs: Hours/Days- ***Do Not Leave Blank or place a number in this field.**

Please ensure that the programmatic planning threshold is not exceeded which is based on direct costs and indirect costs for programmatic planner. The threshold is \$200 for each attendee not to exceed \$35,000. If so, please lower the costs to meet the threshold or provide a detailed explanation as to why the threshold was exceeded for programmatic planning and JMD approval would be required.

CONFERENCE FACILITATOR

The facilitator acts in the role as the trainer, moderator, speaker, etc. for the conference.

| Justification | Name& Title | Cost/Rate | No. of Hours/Days | Unit Type (Hours, Days) | Total Direct Costs |
|---|-------------|-----------|-------------------|-------------------------|--------------------|
| Program requires 2 trainers, Staff & Consultant, paid | Staff 1 | 650.00 | 4 | Days | 2600.00 |

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1 prep day + 1 training day at \$650/day. Trainers are paid for travel time, up to 8 hours per day- as they are located in various parts of the US, travel time required often exceeds 8 hours. They are paid, per trainer, up to \$650/day. This includes the staff fringe benefit of \$50 per day.

| | | | | |
|--------------|--------|---|------|---------|
| Consultant 2 | 650.00 | 4 | Days | 2600.00 |
|--------------|--------|---|------|---------|

- **Justification** – The justification should be very detailed. Please provide who will be the facilitator. Please confirm if the facilitator will be compensated for time spent traveling. If so, the costs will need to be included in this request. If facilitator is staff, fringe benefits will need to be included. If fringe benefits are not included, please state how they will be provided.
- **Name & Title** – Person Name and Title (indicate if the person is staff)
- **Cost/Rate** – Consultant Rate up to \$650 per day. If exceeded, further justification and additional approval is needed. Staff rate is up to SES salary rate.
- **No. of Hours** – Number of hours that facilitator will need to train including prep time, travel time, etc.
- **Unit Type** – Please describe how you are calculating costs: hours/days - *Do Not Leave Blank or place a number in this field.

OTHER EXPENSE

All other costs must be identified individually

| Justification | Item | Cost/Rate | Quantity | Total Direct Costs |
|---------------------------------|------|-----------|----------|--------------------|
| Internet – WI-FI CPE Credits | | | | |

INDIRECT COST

The indirect cost rate is in accordance with the negotiated indirect cost agreements. A current agreement (covering conference period) must be attached as supporting documentation.

| Justification | Item | Rate | Base | Total Direct Costs |
|---|----------------------|------|------|--------------------|
| This expense is for the approved indirect cost rate of 33.9% on logistical and programmatic planning, staff travel – cannot charge indirect on DOJ staff travel | Logistical Planner | .34 | 915 | 310.19 |
| | Programmatic Planner | .34 | 518 | 175.60 |

- **Justification** – The justification should be very detailed. Please provide the indirect cost rate. Please note that you cannot charge indirect cost on DOJ staff travel.
- **Item** – Please include items the indirect cost will cover.

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- **Rate** – Please include indirect cost rate per the negotiated indirect cost agreement. The rate should match the rate in the agreement.
- **Base** – Please include the base amount (before indirect cost added) for the items included.

For DOJ Attendee Transportation

- If there are DOJ attendees listed then their travel should be addressed either by stating that “no travel is being utilized by DOJ attendees” or including their travel in the various line items
- It is not the grantee’s responsibility to gather this data, this is the program office job to gather and add data.
- If several staff are traveling but some are presenting, we need the roles of what the other staff are doing, (What is their need to travel?)
- If they are attendees being covered by “travel assistance” then that should be stated.

Appearance issues arise when this is not properly documented and supported.

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Supporting Documents:**Attachments should be embedded in the supporting documents spreadsheet by program office.****AGENDA:**

- An agenda should be attached to every conference cost request.
- Agenda dates of the event should match the dates on the Submission Form and Summary Page.
- Agenda should contain no food or beverages (continental breakfast, working lunches, or snack breaks)
- There should be a statement for lunch and breaks on the agenda such as “On Your Own”, “Paid for by Private Funds” – **no exceptions.**
- If paid for by private funds, please provide source and justification.

INDIRECT COST RATE AGREEMENT:

- If indirect cost is being requested by the grantee, review the attachment for indirect cost to ensure that the grantee has a current approved rate. **Note:** This rate must cover the period of the conference.

JUSTIFICATION:

- Justification is found on the submission form Section A, Line 14. However, the justification should be a strong justification explaining why the conference is essential to accomplishing the department’s core mission. Therefore, it may require a separate page to give further detail.
- Bureaus/program offices must ensure strong, clear, and concise justifications grounded in the mission and with a policy perspective - explaining the purpose and how the event advances the mission of OJP/DOJ.

CONFERENCE RENTAL /AV CONTRACT

- If there are facility costs, a cost comparison of multiple facilities in multiple locations must be provided on the submission form and as a separate attachment.
- Also, please attach contract or letter of intent from the venue as a separate attachment. This should correspond with the cost under conference/meeting space. If AV is not included in the conference contract, please provide a separate attachment for the A/V. The cost should correspond with the amount listed under A/V.

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ADDITIONAL SUPPORT DETAIL

- Computations and category breakdown of all costs must appear on Sheet A. It should never say: “see attachment”; however, an attachment with additional detail for support may be included for any category.