

# **TRIBAL 988/TRIBAL OPIOID RESPONSE**

## **SUB-AWARDEE ORIENTATION**

### **Invoice & Budget Training**

Kristen Laughlin

Kirin Farrell



# MEET OUR TEAM

**CHARLENE POOLA**

Clinical Research Associate/  
Behavioral Health Specialist

**KRISTEN LAUGHLIN**

Grants & Contracts  
Specialist

**JESSICA DELOYA**

Accounting Manager

**KIRIN FARRELL**

Staff Accountant

**DEVONA BRADFORD**

TOR & 988 Program  
Coordinator

# AGENDA

- Introductions
- Brief Background of Sub-Awards
- Invoicing
- Budget Template
- Reporting Deadlines
- Contact Info

# **SUB-AWARD BACKGROUND 988 TRIBAL RESPONSE PROJECT**

- Granting Agency: Department of Health & Human Services  
Substance Abuse and Mental Health Services Administration  
(SAMHSA)
- Assistance Listing Number: 93.243
- Sub-award Amount: \$75,000
- Cost Reimbursement Sub-award
- Project Period Start Date: 12/31/2022 – 12/30/2024
- Current Budget Period Start Date: 12/31/2023 – 12/30/2024

# **SUB-AWARD BACKGROUND TRIBAL OPIOID RESPONSE PROJECT (TOR)**

- Granting Agency: Department of Health & Human Services  
Substance Abuse and Mental Health Services Administration  
(SAMHSA)
- Assistance Listing Number: 93.788
- Sub-award Amount: \$125,000
- Cost Reimbursement Sub-award
- Project Period Start Date: 9/30/2022 – 9/29/2024
- Current Budget Period Start Date: 9/30/2023 – 9/29/2024



# **INVOICING**

# INVOICE GUIDELINES



ALBUQUERQUE AREA INDIAN HEALTH BOARD, INC.  
 7001 Prospect Place NE  
 Albuquerque, NM 87110  
 Telephone: (505) 764-0036  
 Fax: (505) 764-0446



## INVOICE

Subawardee: Pueblo/Tribe Name  
 Address: Payment Address  
 Contact: Grantee Representative (GR)  
 Phone: GR Contact  
 Email: GR Contact  
 Invoice Date: Date of Request  
 Invoice No: TOR/Tribal 988 – Activity Code – 01, 02, 03. etc.

**Subawardee:** \_\_\_\_\_ **Award/Budget Period:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Period of Expenditures:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Amount of Expenditures for Period:** \_\_\_\_\_  
**Invoice Date:** \_\_\_\_\_  
**Invoice No.:** \_\_\_\_\_

Award/Budget Period:  
 MOA Start and End Date  
 Period of Expenditures:  
 Quarterly dates  
 Expenditure Period: Total Amount Due per invoice

- A. Description: Budget line items
- B. Budget: Sub-awardee determines budget amount
- C. Current Period Expenditures: Amount to be billed in invoice
- D. Prior Period Expenditures: Cumulative of ALL PRIOR invoices
- E. Cumulative Expenditures: (C+D=E) Total Cumulative – Amount spent to date
- F. Unexpended Balance: (B-E=F) Total remaining balance of unspent funds
- G. Amount Due: Current Period Expenditures

A	B	C	D	E	F
Description	Budget	Current Period Expenditures	Prior Period Expenditures	Cumulative Expenditures	Unexpended Balance
Salaries/Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**AMOUNT DUE:** **G** **\$0.00**

Notes:

**Certification:**

*I certify to the best of my knowledge and belief that the above information is true, complete, and accurate, and the expenditures, disbursement, and cash receipts are for the appropriate purposes and objectives in accordance with the terms of the program agreement/contract, and that no part of this report has been previously paid.*

Certification: To be signed by Grantee Representative who prepared this invoice

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date: \_\_\_\_\_

AAIHB USE

- Completed invoice
- General Ledger/Journal Vouchers attached
- Narrative report
- If requested, Budget Mod form

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

# INVOICE SUPPORT

Required Supporting Documents:

- Completed Invoice
- Detailed General Ledger (GL)
- Journal Entries
- Quarterly Progress Report



# INVOICE SUPPORT: GENERAL LEDGER

Expanded General Ledger - Unposted Transactions Included In Report

From 8/1/2023 Through 8/31/2023

GL Code	GL Title	Effective Date	Session ID	Name	Transaction Description	Debit	Credit
42000	FEDERAL GRANT REVENUES				Current Balance		24,940.15
71010	PROGRAM SUPPLIES				Current Balance	20,444.23	
71030	RAW FOOD				Current Balance	5,363.55	
71030	RAW FOOD	8/23/2023	AP083023TH-...		Fresh fruit & vegetables for Health Dept farmers market	750.00	
	RAW FOOD	8/30/2023	AP092723TH-...		Fresh Produce from local farmers	1,000.00	
					<b>Period Totals</b>	<b>1,750.00</b>	<b>0.00</b>
					<b>Subtotal 8/2023</b>	<b>7,113.55</b>	
					<b>Transaction Total</b>	<b>1,750.00</b>	<b>0.00</b>
Balance 71030	RAW FOOD					7,113.55	
71043	TRAVEL : OUT OF STATE				Current Balance	6,356.04	
71043	TRAVEL : OUT OF STATE	8/1/2023	AP090823TH-...		August 2023 Statement - Sheraton	1,518.72	
					<b>Period Totals</b>	<b>1,518.72</b>	<b>0.00</b>
					<b>Subtotal 8/2023</b>	<b>7,854.76</b>	
					<b>Transaction Total</b>	<b>1,518.72</b>	<b>0.00</b>
Balance 71043	TRAVEL : OUT OF STATE					7,854.76	
71045	MEETING EXPENSES				Current Balance	3,570.74	
72050	INCENTIVE				Current Balance	2,101.52	
74100	COMMUNICATION				Current Balance	14,370.30	
74100	COMMUNICATION	8/22/2023	AP091323TH-...	Verizon Wireless		40.01	




**BUDGET**

# BUDGET TEMPLATE

Subawardee: Pueblo/Tribe Name  
 Primary Contact: Grantee Representative  
 Project Period: Year 2

Current Budget: To be determined by sub-awardee  
 Budget Adjustment: Change in current budget amount  
 Adjusted Budget: Current Budget +/- Budget Adjustment = Adj. Budget

<b>Albuquerque Area Indian Health Board, Inc.</b>		 <b>Subaward</b>		Original Budget <input type="radio"/>
<b>BUDGET MODIFICATION FORM</b>				Budget Revision <input type="radio"/>
Subawardee:				Updated Work Plan <input type="radio"/>
Primary Contact:				Effective Date:
Project Period:				
	<b>CURRENT</b>	<b>BUDGET</b>	<b>ADJUSTED</b>	<b>BUDGET JUSTIFICATION</b>
<b>BUDGET CATEGORY</b>	<b>BUDGET</b>	<b>ADJUSTMENT</b>	<b>BUDGET</b>	<b>Must be listed for each line item</b>
Salaries/Benefits	\$ -	\$ -	\$ -	
Supplies	\$ -	\$ -	\$ -	
Travel	\$ -	\$ -	\$ -	
Other (specify)	\$ -	\$ -	\$ -	
Contractual	\$ -	\$ -	\$ -	
Indirect Cost Rate	\$ -	\$ -	\$ -	
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
Requested by:		Title:		Date:
AAIHB Approval:				Date:
AAIHB Comment:				



**REPORTING  
DEADLINES**

# 988: REPORTING PERIODS & DUE DATES

## QUARTERLY REPORTING PERIODS

Q1: December 31, 2023 – March 31, 2024

Q2: April 1, 2024 – June 30, 2024

Q3: July 1, 2024 – September 30, 2024

Q4: October 1, 2024 – December 30, 2024

December 31, 2022 – December 30, 2024

## DUE DATES

April 15, 2024

July 15, 2024

October 15, 2024

January 15, 2025

**January 15, 2025**

**FINAL  
REPORTING  
PERIOD**

# TOR: REPORTING PERIODS & DUE DATES

## QUARTERLY REPORTING PERIODS

Q1: October 1, 2023 – December 30, 2023

Q2: December 31, 2023 – March 30, 2024

Q3: April 1, 2024 – June 30, 2024

Q4: July 1, 2024 – September 29, 2024

September 30, 2022 – September 29, 2024

## DUE DATES

January 15, 2024

April 15, 2024

July 15, 2024

October 15, 2024

**October 15, 2024**

**FINAL  
REPORTING  
PERIOD**

# CONTACT INFO

Main POC  
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Cost Allowability  
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Work Cell: 505-250-4333

**THANK YOU**

The background features three overlapping circles: a large light pink circle on the right, a dark blue circle at the top and bottom, and a white circle on the left. The pink circle contains several thin white concentric lines.