ERaCA Overview & Fiscal Documentation

ELISS Monitoring, Data Collection & Evaluation
Wednesday, October 20, 2021 from 10am-12pm

Federal Programs & Monitoring Support Division
NCDPI

North Carolina Department of
PUBLIC INSTRUCTION

Overview of non-LEA Financial System: Expenditure Reporting and Cash Application for Education Centers (ERaCA)

Tara Powe, Fiscal Monitor

Vendor Electronic Payment

- **Electronic Vendor Payment form and Substitute W-9 form** should be completed or revised for your Non-LEA organization to allow financial transactions within the ERaCA system.
- Please email both of these forms back to **Melba.Strickland@dpi.nc.gov** and **Pam.Winstead@dpi.nc.gov** copy for processing, identifying Electronic Vendor Form and your ELLIS Organization's name in the subject line.

Vendor Electronic Payment

https://files.nc.gov/ncosc/documents/files/Vendor_Electronic_Payment_Form_with_Instructions_02-24-2020.pdf

Office of the State Controller
Return to: OSC Support Services Center
Address: 1410 Mail Service Center
Raleigh, NC 27699-1410
Email: osc.support.services@osc.nc.gov
Telephone: 919-707-0795

Vendor Electronic Payment Form
☐ New Add Request
☐ Change/Update Existing Account
☐ Inactivate Existing Account
*Denotes a required field

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks. In addition to having the funds deposited electronically, you will also receive remittance information by e-mail.

We require you to submit a copy of a voided check, bank statement, or a bank authorization letter on bank letterhead signed by a bank representative for account verification.

*TAX ID # or SSN

*PAYEE NAME

*REMITTANCE ADDRESS (AS PRINTED ON YOUR INVOICE)
STREET | SUITE/ROOM #
CITY | STATE | ZIP CODE

*CONTACT
NAME & TITLE | PHONE NUMBER

NEW FINANCIAL INFORMATION

*FINANCIAL INSTITUTION NAME:	
*NAME ON ACCOUNT:	
*NEW ROUTING NUMBER:	
*NEW ACCOUNT NUMBER:	
*ACCT TYPE:	☐ Checking ☐ Savings
*REMIT E-MAIL ADDRESS	

New add requests MUST include contact information for the state agency with which you are doing business.

*North Carolina Agency Name:	*North Carolina Agency Contact Name:
*North Carolina Agency Contact Email Address:	*North Carolina Agency Contact Phone Number:

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:	
NAME ON ACCOUNT:	
ROUTING NUMBER:	
ACCOUNT NUMBER:	
ACCT TYPE:	☐ Checking ☐ Savings
REMIT E-MAIL ADDRESS	

*	ALL BOXES BELOW MUST BE REVIEWED AND CHECKED
☐	I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, and the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire amount of the payment will not be transferred to a foreign bank account.
☐	I authorize the Office of the State Controller to initiate ACH payments, and if necessary, adjustments for any ACH payments in error, to the financial institution and account identified on the attached certification document. This authority will remain in effect until I, the vendor, cancel it in writing or the authority is terminated by the NC Office of the State Controller.
☐	I have attached a copy of a current voided check, current bank statement, or a bank authorization letter on bank letterhead signed by a bank representative.

*PRINT NAME: | *DATE:

Substitute W-9

https://files.nc.gov/ncosc/documents/NCAS_forms/State_of_North_Carolina_Sub_W-9_01292019.pdf

REV 01/2019

NC Office of the State Controller (IRS Form W-9 will not be accepted in lieu of this form) *Denotes a Required Field	STATE OF NORTH CAROLINA SUBSTITUTE W-9 FORM Request for Taxpayer Identification Number	

Section 1 – Taxpayer Identification

*1. ☐ Social Security Number (SSN), OR ☐ Employer Identification Number (EIN), OR ☐ Individual Taxpayer Identification Number (ITIN) *2. (PRESS THE TAB KEY TO ENTER EACH NUMBER)	Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.
*4. Legal Name (as shown on your income tax return):	3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)
5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:	(PRESS THE TAB KEY TO ENTER EACH NUMBER)

Contact Information

*6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD)	7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)
*Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
*City *State *Zip (9 digit)	City State Zip (9 digit)
*County	County

*8. Contact Name:	
*9. Phone Number:	
10. Fax Number:	
11. Email Address:	

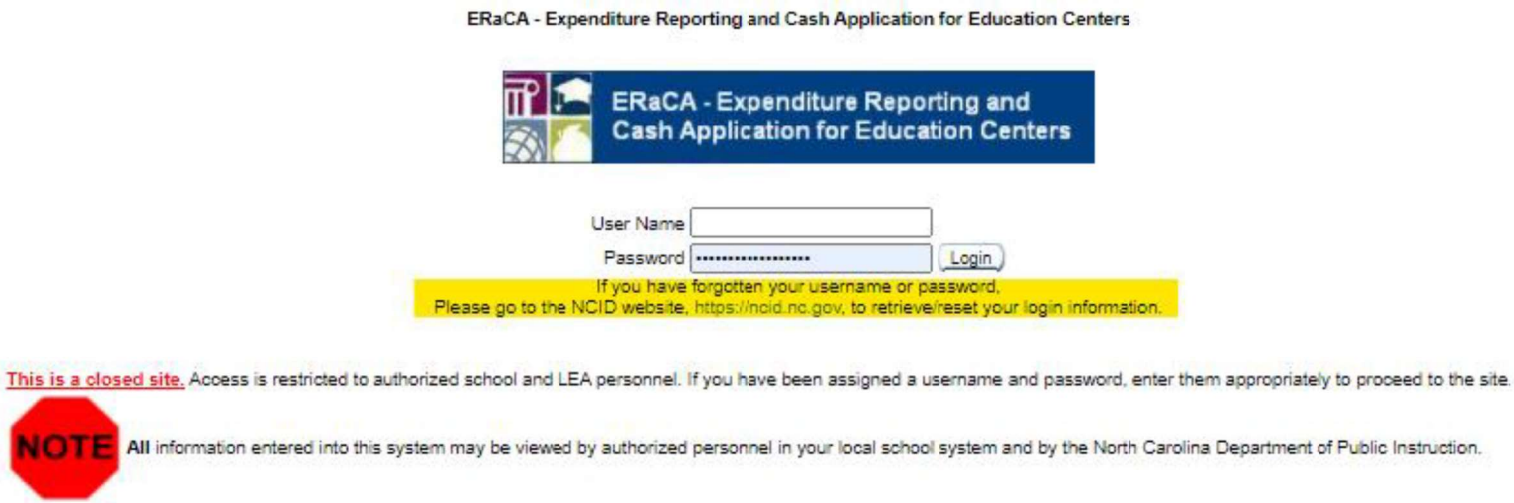
*12. Entity Type	*13. Entity Classification	14. Exemptions (see instructions)
☐ Individual/Sole Proprietor/Single-member LLC ☐ C-Corporation ☐ S-Corporation ☐ Partnership ☐ Trust/Estate ☐ Other_____ ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____ **Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	☐ Medical Services ☐ Legal/Attorney Services ☐ NC Local Govt ☐ Federal Govt ☐ NC State Agency ☐ Other Govt ☐ Other (specify)	Exempt payee code (if any): Exemption from FATCA reporting code (if any):

Section 2 – Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer

Retrieve NCID login



Logging into ERaCA

ERaCA - Expenditure Reporting and Cash Application for Education Centers

1. **Enter NCID username**
2. **Enter NCID Password**
3. **Click Login button**

User Name

Password

Login

If you have forgotten your username or password,
Please go to the NCID website, https://ncid.nc.gov, to retrieve/reset your login information.

This is a closed site. Access is restricted to authorized school and LEA personnel. If you have been assigned a username and password, enter them appropriately to proceed to the site.

NOTE **All** information entered into this system may be viewed by authorized personnel in your local school system and by the North Carolina Department of Public Instruction.

ERaCA Welcome Screen

ERaCA - Expenditure Reporting and Cash Application for Education Centers

amanda_cruz Logout

Welcome | Expenditure Data Entry | Inquiry Submitted Data | Reports | Manage Permissions | Admin | PRC Unit Enable/Disable | Help

Home

Welcome
(DPI)

ERaCA System Welcome Screen

***The ERaCA system is a web-based application designed to automatically process expenditures and cash requests for all Non-LEA units. The system will allow the non-units to view financial reports, previously submitted requests and see available balances online. This system eliminates the need for the manually entry process, which increases data integrity and ensures the timely processing of all submitted requests.

For additional system support, visit the Financial and Business Services website at www.ncpublicschools.org/fbs/finance/reporting. If you have any problems while using the ERaCA system, please contact the support center by submitting a ticket through the Remedy Portal at https://nc-myit.us.ontrac.com/ux or by calling 919.807.4357 M-F 7am-5pm

For additional support, regarding budget and financial information (i.e. program start date, budget amendments, budget approvals, available balance discrepancies, dollars per child, purchase requirements, etc...) contact your designated program consultant http://www.ncpublicschools.org/21cclc/directory/

For additional support, regarding cash requests only, contact Michael Ray via email: michael.ray@dpi.nc.gov

If you are unsure of who you need to contact with questions regarding financial information, email systems_accounting@dpi.nc.gov and your question will be routed to the appropriate section.

Please make sure you review the following reports on a monthly basis:
JHA305 - Budget Balance Reconciliation Report
JHA314EG - Cash Balance Report (Both Month-to-date and Year-to-date sections)

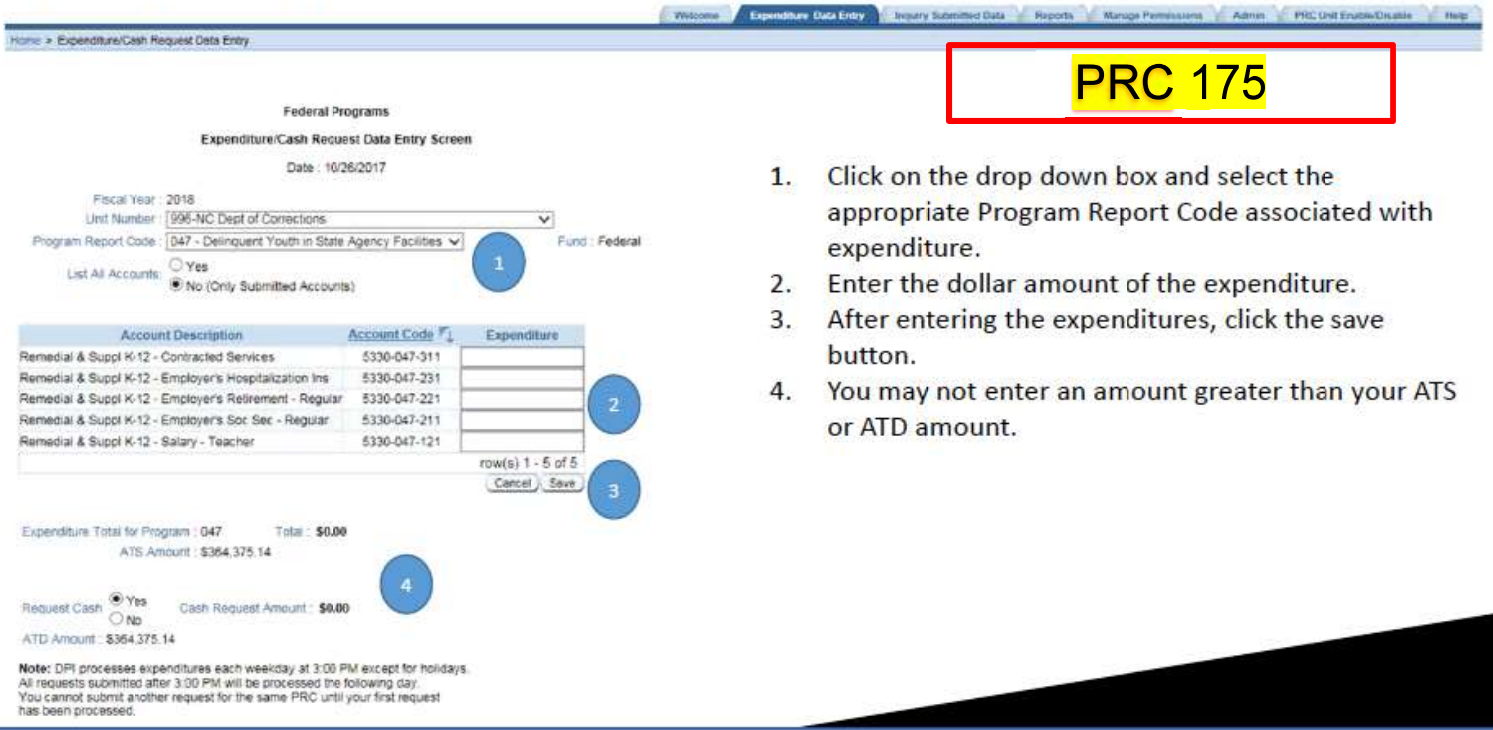
NOTE:
DPI processess expenditures each weekday at 3:00 PM except for holidays. All request submitted after 3:00 PM will be processed the following day.
You cannot submit another request for the same PRC until your first request has been processed.

PLEASE NOTE:

- All information entered / viewed using this system may be viewed by NCDPI and authorized personnel in your local school system.
- DO NOT share your user id or password with anyone.
- Make sure you log out of the application completely when your computer is unattended or when you have finished using the system.

Entering Expenditures

Click on the Expenditure Tab



PRC 175

1. Click on the drop down box and select the appropriate Program Report Code associated with expenditure.
2. Enter the dollar amount of the expenditure.
3. After entering the expenditures, click the save button.
4. You may not enter an amount greater than your ATS or ATD amount.

Submitting Expenditures

Click on the Expenditure Tab

Welcome | Expenditure Data Entry | Inquiry Submitted Data | Reports | Help

Home > Expenditure/Cash Request Data Entry

Data Updated/Saved Successfully!

1

Federal Programs

Expenditure/Cash Request Data Entry Screen

Date : 05/14/2010

Unit Number : 201-Office of Juvenile Justice

Fiscal Year : 2010

Program Report Code : 044 - IDEA VI-B Capacity Building and Improvement

Submit 2 4

Account Description	Account Code	Expenditure
EC - Salary - Tutor	5210-044-143	$600.66
EC - Employer's Life Insurance Cost	5210-044-235	$25.98
EC - Workshop Exp/Allowable Travel	5210-044-312	$100.00
EC - Travel Reimbursement	5210-044-332	$46.57
EC - Supplies and Materials	5210-044-411	$98.65

row(s) 1 - 5 of 5

Add COA Accounts | Cancel | Save

Expenditure Total for Program : 044 Total : $771.85

ATB Amount : $4,456.42

3

Request Cash : Yes / No Cash Request Amount : $771.85

ATD Amount : $4,456.42

Note: DPI processes expenditures each week on Friday afternoon at 3:00 PM.
Please be sure you submit your file by Friday at 3:00 PM.
Only one report may be submitted per PRC each month.

1. After saving the data you will get the following message: **Data Update Saved Successfully**
2. The submit tab will only become active after the data have been saved.
3. Verify all expenditures and cash request is correct before clicking submit.
4. Click the submit button to send the expenditure and cash request to DPI.

Confirming Expenditures

Click on the Expenditure Tab

Welcome | Expenditure Data Entry | Inquiry Submitted Data | Reports | Help

Home > Expenditure/Cash Request Data Entry > Submit Expenditure Confirmation

STOP

You will not be able to make any changes to this request if you click "YES".

Are you sure you want to submit the following expenditures and cash request?

1

Federal Programs

Expenditure/Cash Request Data Entry Screen

Date : 05/14/2010

Unit Number : 201
Fiscal Year : 2010
Program Request Code : 044

Account Description	Account Code	Expenditure
EC - Salary - Tutor	5210-044-143	$500.65
EC - Employer's Life Insurance Cost	5210-044-235	$25.98
EC - Workshop Exp/Allowable Travel	5210-044-312	$100.00
EC - Travel Reimbursement	5210-044-332	$46.57
EC - Supplies and Materials	5210-044-411	$98.65

row(s) 1 - 5 of 5

Expenditure Total for Program : 044 Total : $771.85
ATS Amount : $4,456.42

Request Cash : Y Cash Request Amount : $771.85
ATD Amount: $4,456.42

No, Don't Submit | Yes, Submit Above Expenditures

2

Transmissions will only be processed once a month for each program report code (PRC)!

1. Please read carefully
2. Verify all information is correct. If changes need to be made, select **"No, Don't Submit."** You will be given the opportunity to make corrections. If everything is correct, click **"Yes, Submit..."** and the request will be sent to DPI.

Correcting Expenditures

Click on the Expenditure Tab

Welcome | Expenditure Data Entry | Inquiry Submitted Data | Reports | Help

Home > Expenditure/Cash Request Data Entry

Federal Programs

Expenditure/Cash Request Data Entry Screen

Date : 05/14/2010

Unit Number : 201-Office of Juvenile Justice

Fiscal Year : 2010

Program Report Code : 044 - IDEA VI-B Capacity Building and Improvement

Submit

Account Description	Account Code	Expenditure
EC - Salary - Tutor	5210-044-143	$500.65
EC - Employer's Life Insurance Cost	5210-044-235	$25.98
EC - Workshop Exp/Allowable Travel	5210-044-312	$100.00
EC - Travel Reimbursement	5210-044-332	$48.57
EC - Supplies and Materials	5210-044-411	$98.65

row(s) 1 - 5 of 5

Add COA Accounts | Cancel | Save

Expenditure Total for Program : 044 Total : $771.85

ATS Amount : $4,456.42

Request Cash ◉ Yes ○ No Cash Request Amount : $771.85

ATD Amount : $4,456.42

Note: DPI processes expenditures each week on Friday afternoon at 3:00 PM.
Please be sure you submit your file by Friday at 3:00 PM.
Only one report may be submitted per PRC each month.

1. If you select, **"No, Don't Submit"**, you will be brought back to this screen to make changes.
2. You must select **"save"** after making changes before you can **"submit"** updated data

Confirming Data Successfully Submitted

Click on the Expenditure Tab

Welcome | Expenditure Data Entry | Inquiry Submitted Data | Reports | Help

Home » Expenditure/Cash Request Data Entry

Submitted data successfully!

1

Federal Programs

Expenditure\Cash Request Data Entry Screen

Date : 05/14/2010

Unit Number : 201-Office of Juvenile Justice

Fiscal Year : 2010

Program Report Code : 044 - IDEA VI-B Capacity Building and Improvement

Account Description	Account Code	Expenditure
EC - Salary - Tutor	5210-044-143	$500.65
EC - Employer's Life Insurance Cost	5210-044-235	$25.98
EC - Workshop Exp/Allowable Travel	5210-044-312	$100.00
EC - Travel Reimbursement	5210-044-332	$46.57
EC - Supplies and Materials	5210-044-411	$98.65
		row(s) 1 - 5 of 5

Cancel

Expenditure Total for Program : 044 Total : $771.85

ATS Amount : $4,456.42

Request Cash: Yes / No Cash Request Amount : $771.85

ATD Amount : $4,456.42

Note: DPI processes expenditures each week on Friday afternoon at 3:00 PM.
Please be sure you submit your file by Friday at 3:00 PM.
Only one report may be submitted per PRC each month.

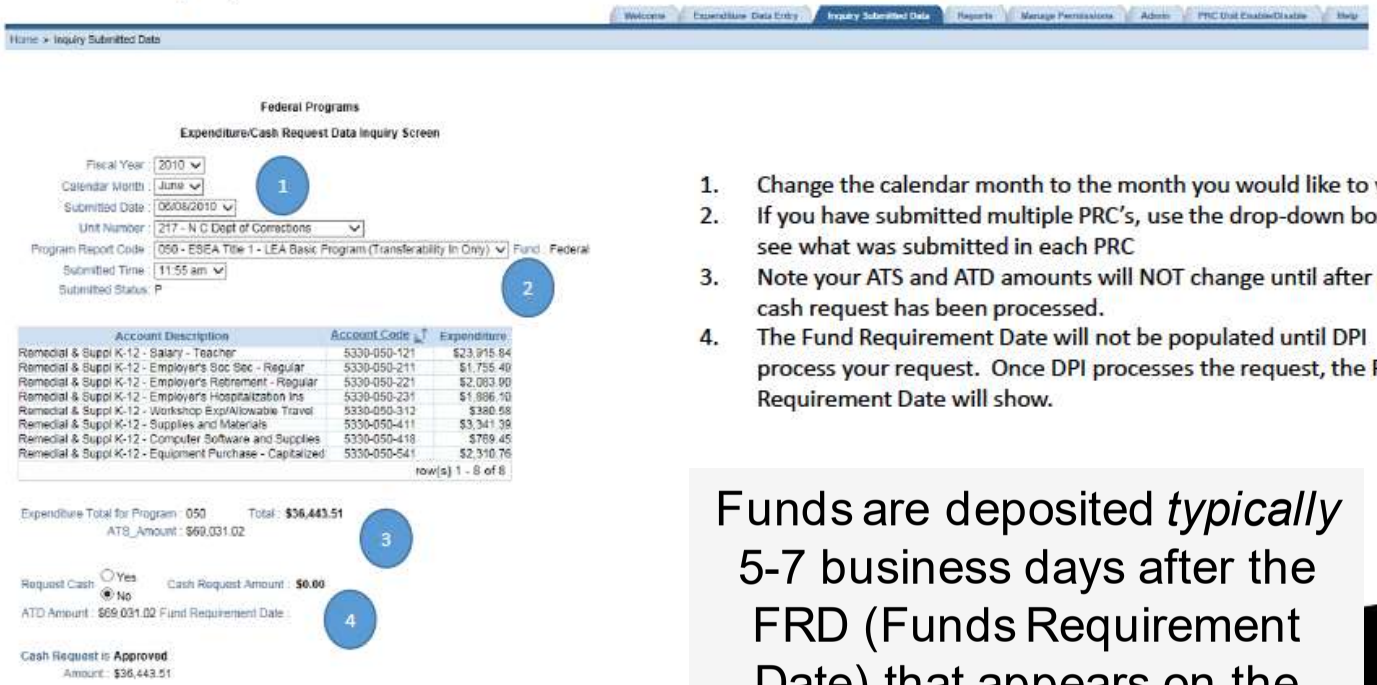
2

1. After selecting "Yes, Submit…", you will see this message

2. DPI processes expenditures each weekday at 3:00 p.m., except for federal and state holidays. All request submitted after 3:00 p.m., will be processed the following day. Also, you cannot submit another request for the same PRC until your first request has been processed.

Inquiry Submitted Data

Click on the Inquiry Submitted Tab



1. Change the calendar month to the month you would like to view
2. If you have submitted multiple PRC's, use the drop-down box to see what was submitted in each PRC
3. Note your ATS and ATD amounts will NOT change until after your cash request has been processed.
4. The Fund Requirement Date will not be populated until DPI process your request. Once DPI processes the request, the Fund Requirement Date will show.

Funds are deposited *typically* 5-7 business days after the FRD (Funds Requirement Date) that appears on the reimbursement request

Non-LEA Reimbursement Request Timeline

Non-LEA enters reimbursement request to ERaCA, by 3 p.m.

- Day 1- Report validation start for DPI process
- Day 2- Report is generated and additional verifications are needed in order to complete processing.
- Day 3- Accounts Payables enters reimbursement request in system for payment.
- Day 4- AP check write is completed, and transfer is initiated.
- Day 5- 7- Then depending on the Non-LEAs bank, the funds are made available.

Very Important!

- Non-LEAs who have multiple awards, over different Cohorts- please submit your reimbursement documentation to DPI at the same time your reimbursement request is entered to ERaCA. Delays in sending the documentation will delay the processing / approvals and affect the funds deposit.

Email documentation to Melba Strickland at Melba.Strickland@dpi.nc.gov and Melissa Madrid at Melissa.Madrid@dpi.nc.gov.

Important Reminders

1. Make sure your double check your summary on the reimbursement request before hitting the submit button, this includes the **using approved budget codes.**

You will need to ensure that funds are available in those budget codes and the expenditure codes cannot be a negative.

You will need to submit a Budget Amendment 209 for review and approval prior to requesting reimbursement for those codes not found in original approved budget.

2. Make sure to print your data inquiry screen before you submit your reimbursement request so you can submit that with your documentation.

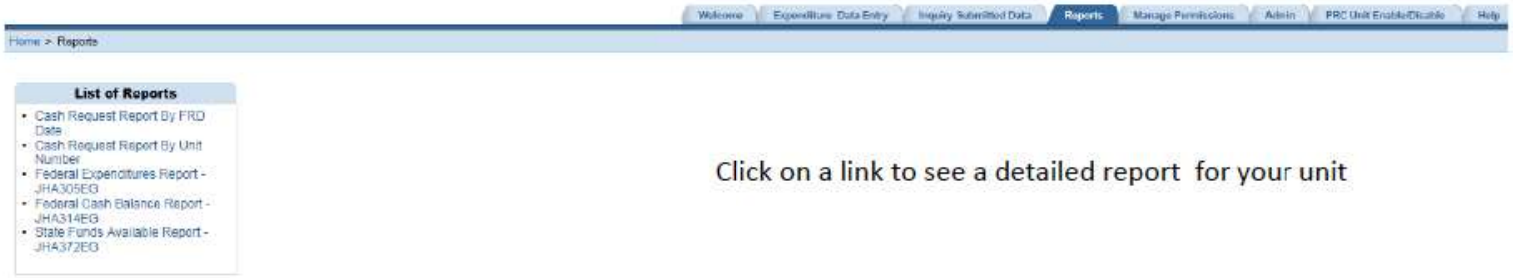
Important Reminders continued

3. Remember that the reports in ERaCA are not available To-Date and are monthly reports. These reports are updated after data files have been processed, which means the reports will be out and available in ERaCA within the first two weeks of the month, generally between the 7th and the 12th of the month.

4. Documentation must be submitted on time, which currently is within 10 days* of reimbursement being submitted. This includes the print screen from ERaCA, all receipts, all invoices, all timesheets, etc. Everything must be signed and dated and must be a true reimbursement, no advances are allowed. *same day for multiple Cohort awards

Accessing Reports

Click on the Reports Tab



Click on a link to see a detailed report for your unit

Accessing Reports

Click on the Reports Tab

Sample Cash Request by FRD Date

Welcome | Expenditure Data Entry | Inquiry Submitted Data | Reports | Manage Permissions | Admin | PRC Unit Enable/Disable | Hel

Home > Reports > Cash Request Report By FRD Date

Cash Requests by FRD Date 10/31/2017

Go Rows 15 Actions

LEA #	PRC #	Fund Code	Cash Request Amount	Submitted Date
[redacted]	047	Federal	$37,693.99	10/24/2017
	060	Federal	$5,425.10	10/24/2017
	047	Federal	$27,839.46	10/24/2017
	060	Federal	$35,869.13	10/24/2017
	103	Federal	$1,076.24	10/24/2017
	110	Federal	$7,219.10	10/24/2017
			$115,123.02	

1 - 6 of 6

Total Cash Requested : $115,123.02

Accessing Reports

Click on the Reports Tab

Sample Cash Request Report By Unit Number

Fiscal Year: 2018

Cash Requests by Unit Number: [redacted]

Go Rows 50 Actions

PRC #

PRC # : 047

LEA #	Fund Code	Frd Date	Cash Request Amount	Submitted Date
[redacted]	Federal	11-JUL-17	$40,500.46	07/05/2017
	Federal	25-JUL-17	$30,733.94	07/19/2017
	Federal	29-AUG-17	$35,335.43	08/23/2017
	Federal	29-SEP-17	$37,304.72	09/25/2017
	Federal	31-OCT-17	$37,693.99	10/24/2017
			$181,568.54	

PRC # : 060

LEA #	Fund Code	Frd Date	Cash Request Amount	Submitted Date
[redacted]	Federal	11-JUL-17	$14,479.85	07/05/2017
	Federal	25-JUL-17	$7,329.15	07/19/2017
	Federal	29-AUG-17	$772.15	08/23/2017
	Federal	29-SEP-17	$4,017.26	09/25/2017
	Federal	31-OCT-17	$5,425.10	10/24/2017
			$32,023.51	

Accessing Reports

Click on the Reports Tab

Sample 305 Report

Welcome | Expenditure Data Entry | Inquiry Submitted Data | Reports | Manage Permissions | Admin | PRC Unit Enable/Disable | Help

Home > Reports > Report Selection > Report Display

N.C. DEPT OF PUBLIC INSTRUCTION FEDERAL PROGRAMS PROG: JHA305EG
DATE RUN: 10/13/17 BUDGET BALANCE RECONCILIATION REPORT REPORT: R01
TIME RUN: 16:04:25 FOR SEPTEMBER, 2017 PAGE: 293
UNIT NUMBER [redacted] PROGRAM REPORT CODE 047 DELINQUENT YOUTH IN STA

ACCOUNT CODE	Y-T-D BUDGET	TRANS AMOUNT	TRANS TYPE	VOUCHER NUMBER	SOURCE CODE	Y-T-D EXPENDITURES	BUDGET BALANCE
5330-121	$.00	$27,985.41			FN01000001	$106,960.92	($106,960.92)
5330-211	$.00	$2,128.01			FN01000002	$8,130.09	($8,130.09)
5330-221	$.00	$4,793.90			FN01000003	$18,011.77	($18,011.77)
5330-231	$.00	$2,397.40			FN01000004	$9,589.60	($9,589.60)
5330-311	$.00	$.00				$804.43	($804.43)
5330-332	$.00	$.00				$274.31	($274.31)
5330-343	$.00	$.00				($534.28)	$534.28
5330-411	$.00	$.00				$854.29	($854.29)
5330-418	$.00	$.00				($216.58)	$216.58
8200-399	$508,249.69	$.00				$.00	$508,249.69
PRC TOTALS:	$508,249.69	$37,304.72				$143,874.55	$364,375.14

N.C. DEPT OF PUBLIC INSTRUCTION FEDERAL PROGRAMS PROG: JHA305EG
DATE RUN: 10/13/17 BUDGET BALANCE RECONCILIATION REPORT REPORT: R01
TIME RUN: 16:04:25 FOR SEPTEMBER, 2017 PAGE: 294
UNIT NUMBER [redacted] PROGRAM REPORT CODE 060 IDEA - VI B - HANDICAPP

ACCOUNT CODE	Y-T-D BUDGET	TRANS AMOUNT	TRANS TYPE	VOUCHER NUMBER	SOURCE CODE	Y-T-D EXPENDITURES	BUDGET BALANCE
5210-311	$.00					$1,150.00	($1,150.00)
5210-312	$.00				FN02000001	$2,055.10	($2,055.10)
5210-332	$.00				FN02000002	$4,325.27	($4,325.27)
5210-343	$.00	$.00				$26.67	($26.67)
5210-411	$.00	$.00				$10,771.64	($10,771.64)
5210-541	$.00	$.00				$8,269.73	($8,269.73)
8200-399	$130,052.01	$.00			BA03001300	$.00	$130,052.01
PRC TOTALS:	$130,052.01	$4,017.26				$26,598.41	$103,453.60
UNIT TOTALS:	[illegible]	[illegible]				[illegible]	[illegible]

Accessing Reports

Click on the Reports Tab

Sample 314 Report

Welcome | Expenditure Data Entry | Inquiry Submitted Data | Reports | Manage Permissions | Admin | PRC Unit Enable/Disable | Hel

Home > Reports > Report Selection > Report Display

N.C. DEPT OF PUBLIC INSTRUCTION — FEDERAL PROGRAMS — PROG: JHA314EG
DATE RUN: 10/13/17 — CASH BALANCE REPORT -- MTD BY LEA — REPORT: R03
TIME RUN: 16:04:57 — AS OF 09302017 — PAGE: 281
UNIT NUMBER [redacted]

PRC	PROGRAM DESCRIPTION	UNIT BEGINNING CASH BALANCE	MTD*** CERTIFICATIONS	NET MTD** EXPENDITURES	UNIT ENDING CASH BALANCE	ERROR FLAG*	REMAINING CASH AVAILABLE TO REQUEST
044	IDEA VI B CAPACITY BLDG & IMPR	525.25	.00	.00	525.25		(525.25)
047	DELINQUENT YOUTH IN STATE AGEN	.00	37,304.72	37,304.72	.00		364,375.14
060	IDEA - VI B - HANDICAPPED	.00	4,017.26	4,017.26	.00		103,053.60
	UNIT TOTALS:	525.25	41,321.98	41,321.98	525.25		

* - IN ERROR FLAG COLUMN INDICATES THAT CALCULATED CASH BALANCE IS NOT EQUAL TO THE CASH ADVANCE BALANCE.
**NOTE: MTD EXPENDITURES ON THIS REPORT REFLECT ACTUAL CASH ACTIVITY. THE ACCRUAL REVERSAL ENTRIES ARE IGNORED. ACCRUAL FIGURES, IN AN EFFORT TO REFLECT CASH ACTIVITY.
*** CERTIFICATIONS INCLUDE REFUNDS FOR PRIOR YEAR OVERSPENT PROJECTS.

ERaCA Help Tab

- Within ERaCA, there is a Help Tab on the top right, please click on that tab for other common issues and solutions.
- In addition, there are multiple email addresses for the DPI contacts who can help you with any additional questions or issues not addressed in the Help Tab.
- Also, we ask you to refer to the ERaCA User’s Guide, for specific step-by-step processes.

ERaCA - Expenditure Reporting and Cash Application for Education Centers

Help

Common Issues in ERaCA. Click the "+" sign to expand for solution.

- 1. I cannot access ERaCA
- 2. How to request NCID
- 3. I forgot my username and password
- 4. I have not received my funds
- 5. I cannot request my funds
- 6. I do not see my funds
- 7. I submitted my request and realized I made a mistake
- Contacts

Display/Print/Dowload the ERaCA's help document, it will take a while!

How to Correct Account Code Errors

- So, what happens if a wrong account code is selected on a reimbursement request? Non-LEAs should contact Michael Ray by 2 p.m. to have a wrong reimbursement cancelled, before the 3 p.m. deadline.

- What if the error to the account code is found after the reimbursement has been processed? Then the Non-LEA can make an adjustment on their next entry, a negative amount would be placed on the wrong code and then the correct amount would be placed in the correct account code.

Fiscal Documentation

Ashton Moss, Fiscal Analyst

ELISS Grant and Reimbursement

ELISS Grant is a Federal REIMBURSEMENT grant.

Therefore, the grantee must incur the expense prior to requesting reimbursement in ERaCA.

- Example: Transportation services must first be incurred before the subgrantee can submit for reimbursement of the expense in the ERaCA system.

Documentation Required for Reimbursement

1. Non LEA Cover Sheet
   - If your program serves multiple Cohorts, please submit in ERaCA separately.
   - Dated, Signed by Chief Admin/Fiscal Agent

2. Expenditures/Cash Request Data Inquiry Screen
   - ERaCA screenshot should be directly behind Cover Sheet.
   - Proper supporting documentation should follow the order of Chart of Account (COA) codes listed on screenshot.

NCDPI strongly encourages **all subrecipients to submit for reimbursement in the ERaCA system at least once monthly.**

- NCDPI reserves the right to **randomly** review and access documentation at any time.
- NCDPI reserves the right to request all expense documentation to support the reimbursement request for monitoring purposes.

ERaCA Reconciliation Cover Sheet

ELISS Grant Cover Sheet (FY 2022)

ELISS NAME	
ELISS Organization Number	
AMOUNT REQUESTED	

I attest that the organization is submitting accurate and complete information for this reimbursement request.	
Signature of Fiscal Agent Organization Chief Administrator for the program as Listed on the Basic Program Information Form	Date

Send Documentation to Melba.Strictland@dpi.nc.gov & Melissa.Madrid@dpi.nc.gov
*Documentation must be received within 10 business days of the ERaCA submission to avoid disablement of ELISS funds.

Expenditure/Cash Request Data Inquiry

ERaCA - Expenditure Reporting and Cash Application for Education Centers

Home > Inquiry Submitted Data

Federal Programs

Expenditure/Cash Request Data Inquiry Screen

Fiscal Year : 2022
Calendar Month : August
Submitted Date : [redacted]
Unit Number : [redacted]
Program Report Code [redacted] Fund : Federal
Submitted Time : 02:06 pm
Submitted Status: P

Account Description	Account Code	Expenditure
Extended Day/Year Instr - Salary - Director and/or Supervisor	[redacted]	$153.00
Extended Day/Year Instr - Employer's Soc Sec - Regular	[redacted]	$204.39
Extended Day/Year Instr - Contracted Services	[redacted]	$78.00
Extended Day/Year Instr - Rentals/Leases	[redacted]	$3,500.00
Extended Day/Year Instr - Furniture and Equipment - Inventoried	[redacted]	$848.65
Alternative Progs Support & Dev - Salary - Director and/or Super	[redacted]	$1,528.93
Alternative Progs Support & De - Salary - Finance Officer	[redacted]	$483.10
Alternative Progs Support & Dev - Salary - Office Support	[redacted]	$208.46

row(s) 1 - 8 of 8

Expenditure Total for Program : 110 Total : $7,004.53
ATS_Amount : $42,129.40

Request Cash (●) Yes ( ) No Cash Request Amount : $7,004.53
ATD Amount : $42,129.40 Fund Requirement Date : 08/06/2021

Cash Request is Approved
Amount : $7,004.53

Supporting Documentation

Adequate Documentation Guidelines				
General Expense Attributes				
Expense Support: *Itemized invoices and/or receipts with vendor name, date, and program purpose. (5Ws: Who, What, When, Where, Why)*	***Payment Support:*** *Evidence that the expense has been paid, and that the amount paid agrees to the invoice. Cancelled checks (front/back), bank statements, and/or credit/debit card statements.*	***Internal Control:*** *Invoices are reviewed and approved by the Fiscal Agent (via signature or initials) prior to payment being made.*	***Budget Control:*** *Expense was included in a pre-approved 208 Budget or 209 Budget Amendment.*	***Reimbursement:*** *All payments are made after services rendered or goods received and reimbursed only after payment.*
Cost Specific Attributes				
Transportation: *Mileage Logs include: dates/times driven, to/from destination points, odometer readings or Google Map to substantiate mileage, vehicle/license plate number provided.*	***Snack & Meals:*** *Copies of sign-in forms or attendance and agendas for student and parent meetings with preapproval in budget.*	***Contracts:*** *Contract has been uploaded in CCIP and approved by PA. Coded correctly to a 3xx account code for Contracted Services.*		
Payroll Expense Attributes				
Time & Effort: *Provide auditable documentation that details and describes an employee's compensated time.*	***Serving Students:*** *Documentation provides evidence that work is performed solely when school is not in session and only when students are being served. (no paid holidays)*	***Mulitple Program Support:*** *If an employee works on other programs in addition to 21st CCLC, documentation provided must support the distribution of the employee's wages in proportion to their duties performed for each program.*	***Reasonable:*** Consistent and comparable to that paid for similar work in the labor market; Not excessive. (§200.405: Compensation - personal services)	***Fringes:*** *Total amounts submitted for taxes and fringe are supported by a Payroll Summary.*

Documentation Required for Reimbursement

1) Program's General Ledger / Account Summary

a. Serves as your program's personal reconciliation worksheet that supports the submitted request for reimbursement.

2) Payroll Documentation

a. Timesheets (Dates worked, Sign In/Out Times, Duties/Activities performed, Attestation Statement, & **Account Code** job title is classified under)

b. Pay Stubs serve as payment support & support all fringe benefits expensed (SS, Hospitalization Ins, & Unemployment Ins)

3) Receipts

a. Must include proper dates, account code, and management initial for approval of purchase

4) Invoices

a. Must match approved uploaded contracts for Vendor & Amount agreed upon

b. Contracted services to be provided to the ELISS program must written on the letterhead of the entity providing the services.

Sample Account Summary / General Ledger

Accounts Payable Transactions for January 2021 - PRC 110 21st Century

Fund	Program	Purpose	Object	Check / Dep#	Name	Transactions
3	110	5350	411	104329	AMAZON.COM	$4,391.82
3	110	5350	411	104347	NC DEPARTMENT OF REVENUE	$3.93
3	110	5350	411	104353	[redacted]	$70.14
3	110	5350	411	104357	[redacted]	$42.09
3	110	5350	411	(blank)		($53.49)
			411 Total			$4,454.49
3	110	5350	459	104353	[redacted]	$92.87
3	110	5350	459	104356	[redacted]	$880.58
			459 Total			$973.45
		5350 Total				$5,427.94
3 Total						$5,427.94
Grand Total						$5,427.94

Accounts Payroll Transactions for January 2021 - PRC 110 21st Century

Fund	Purpose	Object	Full Name	Total Gross	Net Pay	Account	Social Security	Account	Retirement	Account	Insurance
3	5350	198	[redacted]	$464.70	$365.36	3.5350.211	$ 35.55		$ 100.75		
			[redacted]	$344.00	$279.59		$ 26.32				
			[redacted]	$387.20	$357.58		$ 29.62				
			[redacted]	$1,397.45	$1,123.16		$ 105.68				
			[redacted]	$171.45	$133.37		$ 13.12		$ 37.17		
			[redacted]	$630.20	$581.99		$ 48.21				
			[redacted]	$494.63	$371.60		$ 37.84		$ 107.24		
			[redacted]	$891.65	$662.95		$ 68.21				
			[redacted]	$231.00	$213.34		$ 17.67				
			[redacted]	$433.80	$400.61		$ 33.19				
			[redacted]	$509.20	$470.25		$ 38.95				
			[redacted]	$151.60	$113.33		$ 11.60		$ 32.87		
			[redacted]	$578.00	$533.78		$ 44.22				
			[redacted]	$277.60	$256.37		$ 21.24				
			[redacted]	$602.40	$556.31		$ 46.08				
			[redacted]	$166.70	$131.93		$ 12.75		$ 36.14		
			[redacted]	$855.71	$658.26		$ 65.46		$ 185.52		
			[redacted]	$730.89	$568.81		$ 55.91		$ 158.45		
			[redacted]	$458.40	$422.33		$ 35.07				
			[redacted]	$473.20	$429.18		$ 36.20				
			[redacted]	$480.30	$443.56		$ 36.74				
			[redacted]	$432.00	$398.96		$ 33.05				

Payroll Documentation

Sample Time & Effort Sheet

[redacted] AFTERSCHOOL PROGRAM LLC
21st Century Community Learning Center

NAME [redacted] Cohort [redacted]
POSITION : LEAD TEACHER 11/23/2020 12/6/2020

DATE & TIME	IN/OUT	DUTIES PERFORMED	Actual Hours	Paid Hours
11/23/2020 15:56:49	IN	Taught 5th gr math division of fractions / 6th gr math ratio and percent		
11/23/2020 18:40:34	OUT		2.73	2.50
11/24/2020 15:54:54	IN	Taught 5yh gr fractions civision/6th grade ratio and proportion		
11/24/2020 18:41:34	OUT		2.78	2.50
11/30/2020 15:49:26	IN	Taught 5th gr math - division of fractions/ 6th gr rate and percent		
11/30/2020 18:47:02	OUT		2.90	2.50
12/1/2020 16:01:37	IN	Taught 5th grade division of fractions/ 6th grade rate and percent		
12/1/2020 18:37:48	OUT		2.60	2.50
12/2/2020 16:53:39	IN	Taught 5th grade division of fractions/ 6th grade numerical expressions		
12/2/2020 18:38:30	OUT		1.75	1.75
12/3/2020 15:58:39	IN	Taught 5th gr division of fractions/ 6th gr GEMDAS		
12/3/2020 18:38:58	OUT		2.67	2.50
12/4/2020 16:00:57	IN	Taught 5th gr division of fractions/6th gr algebraic expressions		
12/4/2020 18:41:28	OUT		2.68	2.50
		TOTAL HOURS	18.17	18.75

I certify that the sign-in and sign-out time reflected on this timesheet/work-effort is accurate and that 100% of this time was alloted towards the responsibilities of the position stated above.

Employee's Signature : [redacted] Date: [redacted]
Verified by SC/PD : [redacted] Date: [redacted]

Please do not write below this line..

SALARY COMPUTATION

Rate per Unit	Description	Hours	Gross
$25.00	LEAD TEACHER	16.75	$418.75
		TOTAL	$418.75

Processed by Bookkeeper : [redacted] Date: [redacted]
Approved by Program Director : [redacted] Date: [redacted]

Account Code 5350.110.135
Check Number 6921853

Pay Stub / Direct Deposit Statement

Company Code Loc/Dept Number Page
[redacted]

Earnings Statement

Period Starting: 11/23/2020
Period Ending: 12/06/2020
Pay Date: 12/09/2020

Taxable Marital Status: [redacted]
Exemptions/Allowances:
Federal: [redacted] Federal:
State: State:
[redacted]

[redacted]

Earnings	rate	hours/units	this period	year to date
Regular	15.0000	5.25	78.75	3200.00
Regular	25.0000	16.75	418.75	
Gross Pay			$497.50	$3,200.00

Statutory Deductions	this period	year to date
Federal Income	-2.06	10.18
Social Security	-30.84	198.40
Medicare	-7.21	46.40
North Carolina State Income	0.00	0.00
Net Pay	$457.39	

Other Benefits and Information	this period	year to date
Total Hours Worked	22.00	148.50

Deposits account number	transit/ABA	amount
XXXXXX7327	XXXXXXXXX	457.39

5350.110.135 - Lead Teacher - $418.75
5350.110.196 - Staff Development Pay - $78.75

Receipt Documentation

Include COA code and purpose of purchase on all receipts.

Note: Your Program's General Ledger / Account Summary is referenced throughout the entire process of reviewing your documentation.

53.50.110.411
Supplies

STEM: Science Fair

Give us feedback @ survey.walmart.com
Thank you! ID #:7090NZLOKN4

Walmart

252-243-9300 Mgr:FRANKIE
2500 FOREST HILLS RD W
WILSON NC 27893

ST# 01664 OP# 009030 TE# 30 TR# 00339

SUGAR GRANU	007874237117 F	4.84 R
GV LT BR 2	007874237221 F	1.54 Y
MARG QTRS	001111587132 F	0.84 Y
PAPER	001090075331	3.48 X
GV STD FOIL	007874234944	4.18 X
POTTING MIX	002149601740	3.93 X
FOLIAGE	002253213629	2.94 X
SUBTOTAL		21.75
TAX 1	6.750 %	0.98
TAX 2	2.000 %	0.14
TOTAL		22.87
MCARD TEND		22.87

MASTERCARD **** **** **** 0455 I 1
APPROVAL # 088365
REF # 101400509539
PAYMENT SERVICE - A
AID A0000000041010
AAC AA53B7261F4A7445
TERMINAL # SC010348
01/14/21 13:36:34
CHANGE DUE 0.00
ITEMS SOLD 7
TC# 0755 5939 1197 3462 1356

Introducing Walmart+
Join today at walmart.com/plus

Low Prices You Can Trust. Every Day.
01/14/21 13:36:34
CUSTOMER COPY

1:46 PM
01/25/21
Accrual Basis

[redacted]

General Ledger
As of January 25, 2021

Type	Date	Num	Name	Memo	Split	Amount	Balance
70000 · 21st CCLC Expenses							0.00
400 · Supplies and Materials							0.00
53.411 · Supplies and Materials							0.00
Credit Card Charge	01/14/2021		Walmart	STEM Scienc...	10010 · Barcla...	22.87	22.87
Credit Card Charge	01/14/2021		Walmart	ECA Cooking	10010 · Barcla...	42.16	65.03
Credit Card Charge	01/14/2021		Dollar Tree	STEM Scienc...	10010 · Barcla...	5.29	70.32
Credit Card Charge	01/14/2021		Fred's Food Club	Air Freshner -...	10010 · Barcla...	10.13	80.45
Credit Card Charge	01/14/2021		Amazon	Cleaning Soap	10010 · Barcla...	14.14	94.59
Credit Card Charge	01/14/2021		Amazon	Hygiene Bag ...	10010 · Barcla...	48.38	142.97
Credit Card Charge	01/14/2021		Amazon	Hygiene Bag ...	10010 · Barcla...	239.23	382.20
Credit Card Charge	01/14/2021		Amazon	Hygiene Bag ...	10010 · Barcla...	36.11	418.31
Credit Card Charge	01/20/2021		Amazon	STEM Bacteri...	10010 · Barcla...	21.30	439.61
Credit Card Charge	01/20/2021		Unifirst	PPE Supplies	10010 · Barcla...	343.62	783.23
Credit Card Charge	01/21/2021		Walmart	STEM Scienc...	10010 · Barcla...	41.27	824.50
Total 53.411 · Supplies and Materials						824.50	824.50
Total 400 · Supplies and Materials						824.50	824.50
Total 70000 · 21st CCLC Expenses						824.50	824.50
TOTAL						824.50	824.50

53.50.110.411
Supplies

Invoice Documentation

Contracts require pre-approved from your Program Administrator.

COPYPRO
The Professional Office Systems People
3103 LANDMARK ST
GREENVILLE, NC 27834-6950
P: 1-800-682-6558 F: 1-252-756-9597

5350.110.314
Printing & Binding Fees

CONTRACT INVOICE

Invoice Number:	507301
Invoice Date:	12/31/2020
Account Number:	SM15
Balance Due:	$343.49

Bill To: [redacted]

Customer: [redacted]

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
SM15	30 Days	1/30/2021	$343.49	**$343.49**
Invoice Remarks				

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
CN6632-02		$321.77		7/6/2020	7/5/2021
Contract Remarks					

Summary:

Contract base rate charge for the 11/6/2020 to 12/5/2020 billing period	$279.00 *
Contract overage charge for the 11/6/2020 to 12/5/2020 overage period	$42.77 **
*Sum of equipment base charges **See overage details below	$321.77

Detail:
Equipment included under this contract

5350.110.314

Gmail [redacted]

Confirmation Receipt- TRANSACTION #:242
1 message

[redacted]

COPYPRO INC
3103 LANDMARK ST
GREENVILLE NC 27834

DATE : 01/19/2021 01:20:14
OPERATOR ID : PAMH1

CREDIT - SALE
APPROVED
CARD # : ****[redacted]
CARD TYPE : [redacted]
ENTRY MODE: [redacted]

REF # : 101918601889
INVOICE # : 507301
AUTH CODE : 00463S
TRANSACTION # : 2421352753

Sale Amount: $343.49

CUSTOMER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CUSTOMER'S AGREEMENT WITH THE ISSUER

Bills & Invoices must only be accompanied with Proof of Payment.

Sample Mileage Log

< Insert Program Name Here >

MILEAGE LOG

Driver Name: _____

Date	Vehicle Number	Purpose	Beginning Odometer	Ending Odometer	Total Miles Driven	Number of Passengers

Below Internal Use Only

Salary Computation			
Rate Per Mile	Chart of Account Code (ERaCA/BAAS):	Total Miles	Gross Amount ($)

Processed by Bookkeeper: _____ Date: _____

Sample Documents

Feel free to take these and make them your own!

Timesheet Sample

Payroll Summary

Mileage Log

Sample Account Summary / General Ledger

Questions?