



San Mateo Fiscal Quick Guide

Introduction

This Persimmony Guide provides information on entering Fiscal Data in Persimmony for San Mateo

Persimmony Logon Setup Guide

Entering an Invoice

1. Open Persimmony and click on the **Fiscal** button.

Clients - [Current User: Leigh Abernathy]

persimmony

First Name: Last: Client #: Client Code: ODB: Family #: Find Undo Find

Client #	Name	DOB	Phone	Relationship	Program	Active	Exited	Both
4	Test, Hugh	05/30/2015	(555) 555-5555		Persimmony Test Program			
3	Test, Neeke	01/03/1998	(555) 555-5555	01. Mother	Persimmony Test Program			
2	Test, Phineas	05/13/2016	(555) 555-5555		Persimmony Test Program			
6	Testy, Geraldine	10/05/2016	(555) 555-5555		Persimmony Test Program			
5	Testy, Grant	10/08/2016	(555) 555-5555		Persimmony Test Program			

5 Clients

Clients

Group Services

Export

Fiscal Monitoring

Performance Milestones

Charts

Reports

Exit

Default Program: Persimmony Test Program All: Persimmony International, Inc

© 2002 - 2016 Persimmony International, Inc Version 2016.12.15c SanMateoFirst5 Print New Client

2. To work on an invoice, click on the **Invoice Details** button for the time period you want to request a reimbursement.

Fiscal Year: 2016/2017

Agency 12 of 40 Program Contract #

Agency	Program	Contract #
First5 San Mateo	Example Program	
Golden Gate Regional Center	EQ+IP--GGRC	19500-16-D00
Legal Aid	Watch Me Grow-Legal Aid	19500-16-D00
LifeMoves	TCDC-LifeMoves	19500-16-D00
LifeSteps	Watch Me Grow-LifeSteps	19500-16-D00
Peninsula Family Services	EQ+IP--PFS	19500-16-D00
Peninsula Family Services	TCDC	19500-16-D00
Persimmony International, Inc	Persimmony Test Program	TEST

Period From	To	Invoice			Check			Status	Invoice Detail	Memo
		#	Date	Amount	#	Date	Amount			
07/01/2016	09/30/2016	32	12/01/2016	14,000.00			Approved	Invoice Detail	Memo	
10/01/2016	12/31/2016	33	12/01/2016	12,550.00			Approved	Invoice Detail	Memo	
01/01/2017	03/31/2017							Invoice Detail	Memo	
04/01/2017	06/30/2017							Invoice Detail	Memo	





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3. Enter the amounts you are requesting reimbursement for on the appropriate line items, along with any additional information/justification in the **Memo** field. NOTE: You may enter a line item amount greater than the budget line item total, but you will not be able to submit the invoice. See **Reminder**.

4. **Upload** any needed supporting documents, such as receipts, etc.

Clients - [Program: Persimmony Test Program, Contract Number: TEST, FY: 2016/2017]

Invoice From / To: 08/01/2016 08/31/2016 Status History: Entered Leigh Abernathy 1 Records 1/4/2017 10:39:45 AM

Invoice Date / Number: 01/04/2017 42 42

Invoice Memo:

#	Type	Description	Annual Budget	Spent YTD	% Spent	Balance	Requested Amount	Memo	Disallowed Amount	Memo	Paid Amount
1	Admin Assistant Level II		\$58,000.00	\$15,653.00	27%	42,347.00			0.00		0.00
2	Admin Assistant Level II		\$65,500.00	\$0.00	0%	65,500.00			0.00		0.00
3	Director, Early Learning Supp		\$167,000.00	\$0.00	0%	167,000.00			0.00		0.00
4	Bldg Rental (meeting space)		\$2,000.00	\$500.00	25%	1,500.00			0.00		0.00
5	Dues / Membership		\$750.00	\$0.00	0%	750.00			0.00		0.00
6	Instructional Materials and St		\$5,900.00	\$5,436.00	92%	464.00	5,436.00	purch	0.00		5,436.00
7	Other: Childcare for parent gc		\$16,000.00	\$0.00	0%	16,000.00			0.00		0.00
8	Printing Expense	Flyers and parent pam	\$5,000.00	\$0.00	0%	5,000.00			0.00		0.00
Invoice Total:			\$254,650.00	\$21,589.00	8.48%	233,061.00	5,436.00		0.00		5,436.00

Commission Memo Documents Submit Invoice Print Exit

NOTE: Lead Agencies will need to upload a PDF of their Subcontractors' Reimbursement Request Forms as supporting documentation for line item reimbursement request for those Subcontractors who have fiscal budget of \$25,000 or higher.

5. Select the **Submit Invoice** button to submit the invoice to First 5 San Mateo. They will receive an email notification that you have submitted the invoice.
6. Print and sign the invoice and send a hard copy to First 5 San Mateo County.
7. You can see the status of the request on your main Fiscal Screen:

Period From	To	Invoice			Check			Status	Invoice Detail	Memo
		#	Date	Amount	#	Date	Amount			
07/01/2016	09/30/2016	32	12/01/2016	14,000.00				Approved		
10/01/2016	12/31/2016	33	12/01/2016	12,550.00				Approved		
01/01/2017	03/31/2017									

Reminder: While you can enter an amount more than the line item, you cannot submit an invoice with a line item request for more than budget for that line. You must submit a **Budget Revision Request** and it must be approved and the budget updated before you will be able to submit the invoice.



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Entering a Budget Revision Request

1. If you want to modify any line item in your budget, you need to complete a **Budget Revision Request**
2. Click on the Budget Modification Request button at the bottom of the Fiscal Screen.

Fiscal Year: 2016/2017

Agency	Program	Contract #
First5 San Mateo	Example Program	
Golden Gate Regional Center	EQ+IP--GGRC	19500-16-D01
Legal Aid	Watch Me Grow-Legal Aid	19500-16-D01
LifeMoves	TCDC-LifeMoves	19500-16-D01
LifeSteps	Watch Me Grow-LifeSteps	19500-16-D01
Peninsula Family Services	EQ+IP--PFS	19500-16-D01
Peninsula Family Services	TCDC	19500-16-D01
Persimmony International, Inc	Persimmony Test Program	TEST

Period From	To	Invoice			Check			Status	Invoice Detail	Memo
		#	Date	Amount	#	Date	Amount			
07/01/2016	09/30/2016	32	12/01/2016	14,000.00				Approved	Invoice Detail	Memo
10/01/2016	12/31/2016	33	12/01/2016	12,550.00				Approved	Invoice Detail	Memo
01/01/2017	03/31/2017								Invoice Detail	Memo
04/01/2017	06/30/2017								Invoice Detail	Memo
				Total:	26,550.00		0.00			

Budget Modification [Print] [Exit]

3. Select New Request.
4. Enter the Description

Instructions: You must complete this form if any line item exceeds the budget amount for that line item AND/OR you are requesting to move funds from one line item to another

Description Date Submitted By 0 of 0

New Request

Description:

Cancel OK

New Request [Delete] [Exit]



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5. Complete the Budget Modification/Budget Revision Request field on the screen, Sections 1 and 2 (if required) and press Submit Request.
6. NOTE You must attach a **Budget Revision Request** form to the Budget Revision Request. Use the Documents button to upload a PDF.

Instructions: You must complete this form if any line item exceeds the budget amount for that line item AND/OR you are requesting to move funds from one line item to another.

<input type="checkbox"/> Description	<input checked="" type="checkbox"/> Date	<input type="checkbox"/> Submitted By	1 of 1	3	Description:
Funding for copier replac					Funding for copier replacement
Submitted: _____					Approved: _____
By: _____					By: _____
Date: _____					Date: _____

Section 1 - Budget Modification Paste

Describe the requested change(s) to the budget with justification. Make sure to reference specific budget line items and actual dollar amounts (e.g. decrease salaries by \$3,000, and increase operating expenses by \$1,000 and program expenses by \$2,000... etc.).

Section 2 - SOW Modification Paste

Section 3 - Additional Information (Contractual Compliance) Paste

Submit Request **Documents** New Request Restore Delete Print Exit

7. An email notification will be sent to First 5 San Mateo County
8. Once the Budget Revision Request has been approved it will be marked Approved on the bottom of that request.

Approved Documents New Request Print Exit