# **OH! RRH Fiscal Training** Operation Home!









Ending Homelessness In Southern Nevada

## LEARNING OBJECTIVES

- Design or amend internal fiscal policies to support a progressive engagement model
- Apply CV specific requirements to ensure that all requests are eligible for reimbursement
- Prepare invoice packets that meet reimbursement requirements

# DISCLAIMER

These guidelines are set forth to help your agencies succeed in managing your grant award. If you have specific questions about accounting principles, audit requirements, or allowable costs and are unsure, please reach out to your agency experts, to your professional financial advisors, and to your assigned Grants Coordinator.

# **TRAINING MATERIALS**

RESIDENTS VISITORS

GOVERNMENT PAY

TOP SERVICES Q

#### Community Resources Management

#### **RELATED PAGES**

Reimbursement Guidelines Training

Grants

Federal Reports: Action Plan CAPER RAI

**Citizen Participation** 

Grant Applications ZoomGrants

Fair Housing

#### Home > Residents > Assistance Programs > Community Resources Management

BUSINESS

Since 1978, Community Resources Management (CRM) within the Clark County Department of Social Service has served both the existing County organization and the larger community through the administration of federal, state and local grants. Working with County Commissioners, County Management, our external federal/state/local agencies and for-profit and non-profit partners, CRM has been able to accomplish many worthwhile community projects including public facilities, such as community centers and parks, and the construction and rehabilitation of affordable housing developments.

CRM's focus is the overall County, and we frequently join others to find solutions to critical community concerns. This may entail using a variety of federal, state and local funds, private donations from foundations and business, and existing government property. As an implementation arm of County Management and the Board of Commissioners, we address Commission identified projects as our top priority.

As agents of the larger community, we also work on other "targets of opportunity" where we see a need and can gather a variety of community

# Part 1: Progressive Engagement

Melanie

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Impact. Empowerment. Resilience. www.cloudburstgroup.com

#### S NV Rehousing in a Progressive Engagement Framework – Fiscal Management Considerations

June 7, 2021

# What is Rapid Rehousing?

- A system intervention to move households out of homelessness and back into the community as quickly as possible
- Time limited housing and support intervention
- Once no longer homeless, supportive services optimize stability
- Providers help create connections for the household that will support them in the community
- Successful in a Progressive Engagement model

## Progressive Engagement in a Nutshell

- Help every household move out of homelessness with a small amount of assistance
- Develop a clear exit strategy up front
- Provide the best supportive services to promote sustainability
- Assess stability along the way assessment guides duration
- Balance out how many households the program can support with constant entries and exits
- Communicate and be transparent about program design
- Case managers need to be supported and not make the hardest calls

### How Does It Really Work?

- Case loads are dynamic
- Regular case conferencing of case loads begin immediately
- Case manager told the story, the administrator always made the \$\$ decision. That was really important because it was too hard for CMs to build relationships and then say "sorry, you're cut off." Fundamental component of the model.
- Accounting teams had to shift to be dynamic along with the case loads
- A rhythm can be achieved about three months into the program. At some points we changed from one month extension to three month extensions just for the sake of being able to keep up administratively
- When budgets get super tight, extensions can move from three months to one month to make sure as many people can receive what they need to stabilize

## Finances from a Program Lens

- Checks for barrier debt elimination (utilities, arrears, etc.), deposits, and rents must be cut quickly (or utilize a promissory note system)
- Consider fronting costs vs submitting reimbursements cash flow is important
- Budgets and balances must be projected monthly or more often
- Households come on and off the program and need financial support more fluidly than other programs

Questions on progressive engagement and setting up internal procedures?

## Part 2: General Fiscal Information

Brenda

## **COMMONLY USED TERMS**

- CRM: Community Resources Management
- ESG-CV: Emergency Solutions Grant-Coronavirus Relief Funds
- CDBG-CV: Community Development Block Grant-Coronavirus Relief Funds
- Program Year: Date of Award through 9/30/2022
  - Fiscal Year End for County impact from end of May through early August

## COMMONLY USED ACRONYMS

- OMB: Office of Management and Budget
- ACH: Automated Clearing House
- eCFR: Electronic Code of Federal Regulations
- GL: General Ledger
- GAAP: Generally Accepted Accounting Principles



## **PROGRAM PERIOD**

- Date of Resolution Execution through September 30, 2022
  - Ramp-up and Ramp-down periods are expected
- Budget modifications may be allowed
  - Ensure you are not spending more than 10% of budget on admin category
- Additional Funds may become available

## **RESOLUTION/AGREEMENT**

- Read the Resolution
  - Everyone involved in project should have this document to use as a guide
- Most of your questions can be answered by this document
  - Programmatic and Fiscal requirements are detailed in this document

## 2 CFR PART 200

- OMB generated
- ESG and CDBG funded grants follow these guidelines strictly
- Contains
  - Uniform Administrative Requirements,
  - Cost Principles, and
  - Audit Requirements

<u>https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\_main\_02.tpl</u> and <u>https://portal.hud.gov/hudportal/documents/huddoc?id=15-01/sdn.pdf</u>

## COST PRINCIPLES: ALLOWABLE EXPENSES

Per <u>CFR 200.403</u>, to be allowable as a charge to a federal award the cost must be :

- Necessary, reasonable, and allocable
- Conform with federal law and grant terms
- Be consistent with state and local policies
- Consistently treated
- In accordance with GAAP
- Not included as match (Federally awarded grants)
- Net of applicable credits
- Adequately documented

### **ESG-CV: Allowable expenses**

Approved costs associated with RRH rental assistance

- Rental Assistance
- Security Deposits and Last Month's Rent
- Utility Deposits and Utility Payments
- Moving Costs
- Housing Search & Placement
- Housing Stability Case Management
- Mediation Legal Services Credit Repair
- Admin is no more than 10% of grant and is associated with the costs of providing rental assistance
- Limited to 12 months per client

Please consult with the OH! RRH Grants Coordinator if you are uncertain about a cost prior to making the expenditure.

#### **CDBG-CV: Allowable expenses**

- Approved costs associated with case management and supportive services
  - Case Manager Salaries, Fringe and Mileage
  - Supportive Services including child care, education services, employment assistance and job training, life skills training, medical services, mental health services, substance abuse treatment services, transportation, other services as approved
- Admin is no more than 10% of award and is associated with costs related to providing case management and supportive services
- Operations Costs associated with RRH
  - Operations salaries and fringe including lead bookkeeper, program assistant, program manager; maintenance, utilities, security, insurance, materials, supplies, equipment, and other items as approved

Please consult with the OH RRH! Grants Coordinator if you are uncertain about a cost prior to making the expenditure.

## **CV SPECIFIC FISCAL INFO**

- These funds are used to prevent, prepare for, and respond to coronavirus.
- Subject to the Coronavirus Aid, Relief and Economic Security Act (CARES Act) which modifies some of the CDBG regulations and are recorded in the Federal Register with the Docket Number FR-6218- N-01 on August 20, 2020 (https://www.govinfo.gov/content/pkg/FR-2020-08-20/pdf/2020-18242.pdf)



#### Internal Controls and Financial Management Practices

Helpful links:

https://www.ecfr.gov/cgi-bin/textidx?SID=ee1bcfb97efeaa9016a520a495cb8a7c&mc=true&node=se2.1.200\_161&rgn=div8

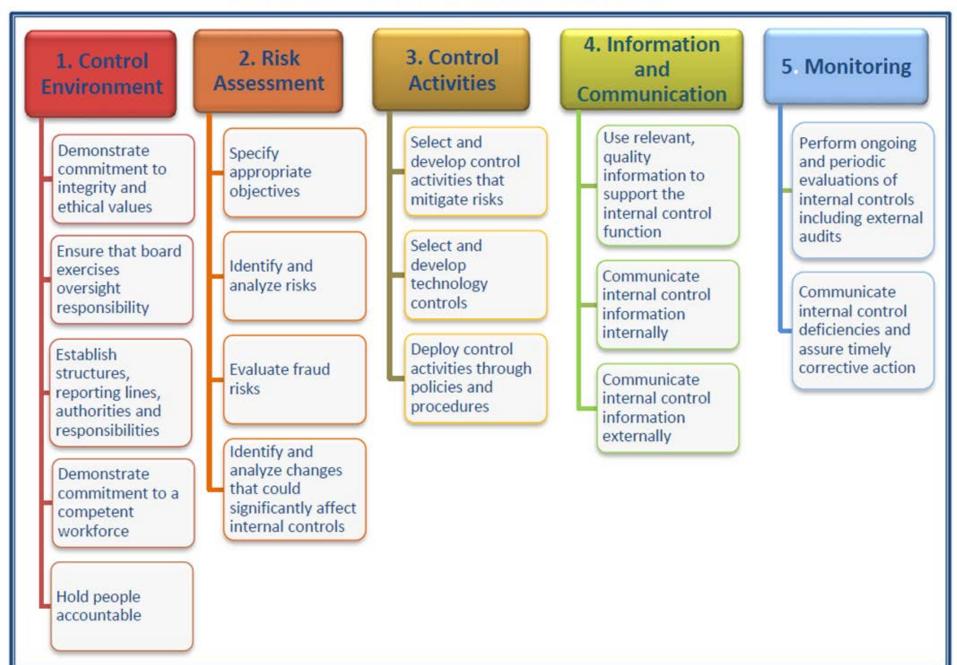
See §200.303 for what the non-Federal entity must do in regards to Internal controls Post Federal Award Requirements: <u>https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=b6314ceb60eb1f0cd5a6e4d9314bfa76&mc=true&n=sp2.1.200.d&r=SUBPART&ty=HTML</u>

#### **INTERNAL CONTROL Objectives**

- Effectiveness and efficiency of operations
- Reliability of reporting for internal and external use; and
- Compliance with applicable laws and regulations

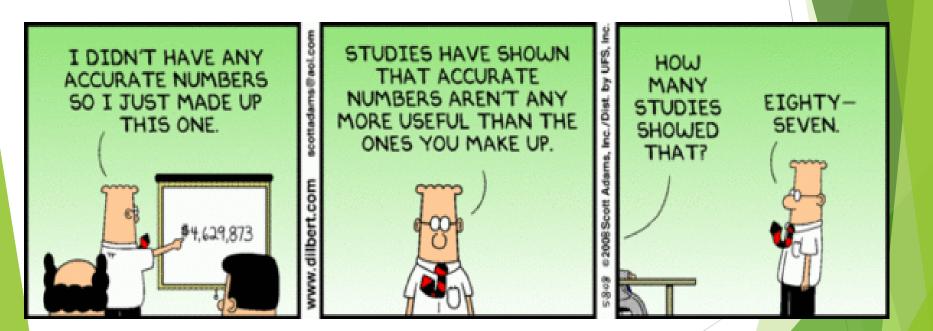
<u>https://www.ecfr.gov/cgi-bin/text-</u> idx?SID=ee1bcfb97efeaa9016a520a495cb8a7c&mc=true& node=se2.1.200\_161&rgn=div8</u>

#### **Summary of Internal Control Standards**



#### FINANCIAL MANANGEMENT

Effective control over, and accountability for, all funds, property, and other assets.



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## FINANCIAL MANANGEMENT

Records must:

- Adequately identify the source
- Identify the application of funds for federally-funded activities,
- Contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income and interest, and
- Are supported by source documentation

https://www.ecfr.gov/cgi-bin/text- 26 idx?SID=c99d6ab1d0b22e2d04993383d03a0c0b&mc=true&node=se2.1.200\_1302&rgn=div8 PERFORMANCE MEASUREMENT

Federal Award Performance Goals
 Performance Measurement
 AKA Narrative Report

*Check with your Grants Coordinator if you have questions regarding Performance Report due dates* 

Reimbursement requests may be held until reports are received

## CLARK COUNTY REPORTING REQUIREMENTS

| Reporting<br>Dates | Utilization -<br>Quarterly | Utilization -<br>Cumulative     | Narrative -<br>Quarterly |  |
|--------------------|----------------------------|---------------------------------|--------------------------|--|
| Oct. 15, 2021      | July 1 - Sept 30           | July 1 - Sept 30                | July 1 - Sept 30         |  |
| Jan. 15, 2022      | Oct 1 - Dec 31             | July 1 - Dec 31                 | Oct 1 - Dec 31           |  |
| April 15, 2022     | Jan 1 - Mar 31             | July 1 - Mar 31                 | Jan 1 - Mar 31           |  |
| July 15, 2022      | Apr 1 - June 30            | July 1 - June 30                | Apr 1 – June 30          |  |
| Oct. 15, 2022      | July 1 - Sept 30           | July 1, 2021 - Sept<br>30, 2022 | July 1 - Sept 30         |  |

## **ADDRESS CHANGES**

If you have an address change, contact your Grants Coordinator

Submit an updated W-9

Submit an updated Clark County Supplier Form

It is your responsibility to notify your Grants Coordinator about any address changes AND any changes to key program personnel

MOVING



Questions on general federal funding expectations?

## Part 3: Clark County Invoice Submissions

Natalie

# How do we get paid?



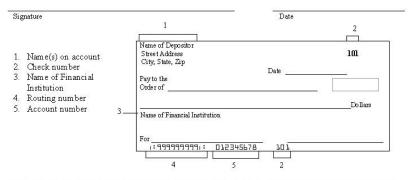
Photo Credit: https://2.bp.blogspot.com/\_j99VUrX25a4/SwoF0FXxTfI/AAAAAAAGio/DVXb4UM4gn8/s320/sh ow-me-the-money.jpg

|   | CLARK COUNTY COMPTRO<br>Anna Danchik, Con<br>500 S Grand Central Pkwy<br>Las Vegas NV 891<br>ACH Direct De<br>Enrollm ent Fo | nptroller<br>PO Box 55121<br>55-1210<br><b>posit</b> | Office Use Only  | <b>y</b><br>Unity |
|---|--|--|--|-------------------|
| Name & Mailing Ac                                 | idress   | (Attach a con  | ation Number<br>npleted W-9 form)<br>ss (please print clearly) |                   |
| Contact Name                                      |  | Daytime Pho  | one  |                   |
| Name of Financial L<br>(Item 3 below):            | nstitution:  |  |  |                   |
| Name(s) on Accoun <sup>.</sup><br>(Item 1 below): | t  |  |  |                   |
| Routing Number:                                   |  | Account Number:                                      |  |                   |
| (Item 4 below)<br>Please Credit:<br>(Select One)  | Checking account<br>(attach voided check)  | (Item 5 belor  | w)<br>] Savings account<br>attach Routing & Accour             | nt numbers)       |

I hereby authorize the Clark County Comptroller's to deposit funds into my (our) account at the named financial institution for payment of accounts payable invoices/requests.

#### I understand and acknowledge the following:

- · That I must notify Clark County Comptroller's office of any changes of the contact person and e mail address.
- That I must notify the Comptroller's Office in writing if I change financial institutions or if my account information changes.
- That the Direct Deposit will continue unless I notify the Comptroller's Office in writing to discontinue the program.
- That if this deposit is rejected by my financial institution, I may be excluded from further participation in the Direct Deposit program.



Please remember to sign above and attach voided check or savings deposit slip to form.

#### Automated Clearing House

- This is highly encouraged
- All sub-recipients will be sent an ACH enrollment form
- Complete ACH form along with voided check or savings deposit slip and email to assigned Grants Coordinator

## **ADVANCE PAYMENTS**

#### For Clark County Agreements only

Used to assist with cash flow

- Agency may request up to 20% advance
- Submit plan for payback beginning on or before month 6 of agreement
- Provide detailed justification of why advanced funds are necessary
- Itemized per budget line items in your resolution (refer to resolution for details {Section 7.0})

## REIMBURSEMENT GUIDELINES

#### Submission Requirements:

- 1. Reimbursement Checklist
- 2. Request for Reimbursement
- 3. Budget Spreadsheet
- 4. General Ledger
- 5. Salary & Fringe
- 6. Source Documentation

#### 1. Reimbursement Checklist

#### **Request for Release of Funds Checklist**

This checklist **must** be submitted with each Request for Release of Funds packet. It must be completed in its entirety. Blank forms or forms with missing information will not be accepted and will result in the return of your submittal causing a delay in reimbursement.

- City of Las Vegas Request for Release of Funds form with signature
- Agency Invoice
- Line Item Expense Detail
- Detail of Monthly Employee Expense/Detail Payroll Register
- Timecards (must be signed by employee and supervisor)
- Fringe/Benefits coverage, invoices, proof of payment, cancelled checks & employee coverage breakdown
- Proof of payment for payroll and taxes (if seeking reimbursement)
- Profit and Loss Statement or General Ledger
- Copy of Paid Invoice/Receipt
- Copies of Cleared Checks or Copy of Bank Statements and/or Credit Card Statements
- Check Request Form with Appropriate Signature(s) (if applicable)

Request for Release of Funds must be submitted <u>no later than</u> the 15<sup>th</sup> of each month. Failure to submit packets by the specified due date may result in delayed processing and reimbursement.

#### 2. Request for Reimbursement (RFR)

|                            | E                           | XHIBIT B             |                    |              |
|----------------------------|-----------------------------|----------------------|--------------------|--------------|
|                            | CLARK COUN                  | TY SOCIAL SERVICE    |                    |              |
|                            | COMMUNITY RES               | OURCES MANAGEME      | NT                 |              |
|                            | REQUES                      | ST FOR FUNDS         |                    |              |
|                            |                             |                      |                    |              |
| PROGRAM TITLE:             | <b>Operation HOME! Rapi</b> | d Rehousing          | DATE:              |              |
| REQUEST #:                 |                             |                      | PROGRAM YEAR       |              |
| SUBRECIPIENT:              |                             |                      |                    |              |
| ADDRESS:                   |                             |                      |                    |              |
| CITY:                      |                             | STATE:               | ZIP CODE:          |              |
| PERIOD COVERED:            |                             |                      |                    |              |
|                            |                             |                      |                    |              |
| PROGRAM COSTS REIMB        | URSEMENT (Please at         | tach supporting docu | mentation for each | item)        |
| Description                | Amount                      | Previous Drawdown    | Amount of          | Balance      |
|                            | Authorized                  | w/Advance            | this Request       | Available    |
| RRH Rental Assistance –    |                             |                      |                    |              |
| Financial Assistance and   |                             |                      |                    |              |
| Service Costs – ESG-CV     | \$685,000.00                | \$0.00               | \$0.00             | \$685,000.00 |
| RRH Rental Assistance –    |                             |                      |                    |              |
| Administration Costs – ESG | -                           |                      |                    |              |
| CV                         | \$0.00                      | \$0.00               | \$0.00             | \$0.00       |
| Case Manager Costs and     |                             |                      |                    |              |
| Supportive Services -      |                             |                      |                    |              |
| CDBG-CV                    | \$331,193.00                | \$0.00               | \$0.00             | \$331,193.00 |
| RRH Case Management –      |                             |                      |                    |              |
| Administration Costs –     |                             |                      |                    |              |
| CDBG-CV                    | \$20,807.00                 | \$0.00               | \$0.00             | \$20,807.00  |
|                            | . ,                         |                      |                    | . ,          |
|                            | I                           | I I                  |                    |              |

#### Request for Release of Funds (RFF)

| Request # | Amount of Request | Period Covered |    |  |
|-----------|-------------------|----------------|----|--|
|           |                   | From           | То |  |

| Subrecipient:   | Phone:  |
|-----------------|---------|
| Program:        | Fax:    |
| Contact Person: | E-mail: |

| Account Title                     | Budgeted<br>Amount | Request Amount | Previous<br>Drawdowns | Remaining Funds |
|-----------------------------------|--------------------|----------------|-----------------------|-----------------|
| Direct Client Services (salaries) | \$                 |                |                       |                 |
| Administration (salaries)         | \$                 |                |                       |                 |
| Direct Program Delivery Costs     | \$                 |                |                       |                 |
| Supplies                          | \$                 |                |                       |                 |
| Operating Costs                   | \$                 |                |                       |                 |
| TOTAL                             | \$                 |                |                       |                 |

#### 3. Budget Spreadsheet

#### ORGANIZATION OAG 2020-2021 PROGRAM

| GENERAL ADMINISTRATION /OPERATIONS                               | Awarded Budget Amount | Check Date                            | Check #   | Payable To                            | Purpose | Total Amt of Check | Amt Charged to OAG | Amt. Remaining | Source Document<br>Reference   |
|--|-----------------------|---------------------------------------|-----------|---------------------------------------|---------|--------------------|--------------------|----------------|--|
| Salaries & Fringe related to Administration of Project           |                       | ľ – ľ                                 |           |                                       |         | \$ -               | \$                 | \$             | 0  |
| % charged to the grant   |                       |                                       |           |                                       |         |                    |                    |                |  |
| Professional Services contracted (audit, bookkeeping, etc.)      |                       |                                       |           |                                       |         | s -                | s -                | 5 -            | 0  |
| Rent / Insurance of facility                                     |                       |                                       |           |                                       |         | 5 -                | \$ .               | 5 -            | .0   |
| Furniture/Fixtures and Equipment                                 |                       |                                       |           |                                       |         | s -                | ş .                | s -            | 0  |
| Computer related (software, hardware, internet, etc.)            |                       |                                       |           |                                       |         | 5 -                | \$                 | 5 -            | 0  |
| Utilities (Power, Gas, Telephone, etc.)                          |                       |                                       |           |                                       |         | s -                | s -                | \$ -           | 0  |
| Maintenance Supplies   |                       |                                       |           |                                       |         | \$ .               | \$ .               | 5              | 0  |
| Office Supplies & Postage  |                       |                                       |           |                                       |         | ş -                | \$ -               | \$ -           | 0  |
| Local Travel   |                       | · · · · ·                             |           |                                       |         | s -                | s -                | \$ -           | 0  |
| Staff Travel Out-of-State  |                       |                                       |           |                                       |         | 5 -                | 5 -                | 5 -            | 0  |
| Staff Development  |                       | · · · · · · · · · · · · · · · · · · · |           | · · · · · · · · · · · · · · · · · · · |         | s -                | \$                 | s .            | 0  |
| Liability Insurance*   |                       |                                       |           |                                       |         | 5 -                | 5 -                | 5 .            | 0  |
| Fidelity Bond*   |                       | · · · · ·                             |           |                                       |         | s -                | s -                | 5 -            | 0  |
| Administrative Costs (in-house bookkeeping, accounting)          |                       |                                       |           | /                                     |         | 5 -                | 5                  | 5 -            | .0   |
| Other:   |                       |                                       |           | /                                     |         | \$ -               | \$ -               | 5 -            | 0  |
| DIRECT SERVICES TO COUNTY RESIDENTS                              |                       | Check Date                            | Check#    | Payable To                            | Purpose | Total Amt of Check | Amt Charged to OAG | Amt. Remaining | Source Document<br>Reference   |
| Staff & Fringe necessary to provide services to clients          |                       | ľ – ľ                                 |           |                                       |         | 5 -                | 5 -                | 5 -            | 0  |
| %  |                       |                                       |           |                                       |         |                    |                    |                |  |
| Office Space for Direct Service staff or for client use          |                       |                                       |           |                                       |         | 5 -                | \$ .               | 5 .            | in in  |
| Furniture/Fixtures and Equipment for client/participant space    |                       |                                       |           |                                       |         | s -                | \$ -               | \$ -           | 0  |
| Advertising / Marketing (includes brochures, etc.                |                       |                                       |           |                                       |         | 5                  | 5                  | 5              | 0  |
| Celebrations, Cultural or Recognition Activities                 |                       | <u> </u>                              |           |                                       |         | s -                | s -                | 5 -            |  |
| Scholarships, Vouchers, or Other purchase of service for clients |                       |                                       |           | /                                     |         | \$ .               | \$                 | 5              | [  |
| Rental or Utility payments on behalf of participants             |                       |                                       |           |                                       |         | 5 -                | 5 -                | \$ -           | The second secon |
| Food Packages, Hygiene Items, or other basic items to distribute |                       |                                       |           |                                       |         | \$                 | \$                 | 5              |  |
| Purchase of foodstuffs for on-site meals                         |                       |                                       | $\square$ |                                       |         | s -                | \$ -               | 5 -            |  |
| Other:   |                       |                                       |           |                                       |         | s .                | \$                 | s -            | 1  |
| Indirect Costs-with Cost Allocation Plan and Indirect Cost Rate  |                       | <u> </u>                              |           | (/                                    |         | s -                | \$ -               | s -            | 1  |
| Total Award Amount   | nt \$ -               |                                       |           |                                       |         |                    | \$ -               | \$ -           |  |

#### 4. GENERAL LEDGER

#### ABSOLUTELY REQUIRED WITH ALL INVOICE SUBMISSIONS!

Also known as Transaction Detail by Account, etc.

| 2/15/15                  |                  |       | Larry's Landsca<br>Transaction |                          |             |         |            |           |
|--------------------------|------------------|-------|--------------------------------|--------------------------|-------------|---------|------------|-----------|
| cerual Basis             |                  |       |                                | -                        |             | arre.   |            |           |
| NULL PROID               |                  |       | October 1 through              | ugh Decembe              | er 15, 2015 |         |            |           |
| <ul> <li>Type</li> </ul> | • Date           | + Hum | • Ilame                        | <ul> <li>Memo</li> </ul> | · Class     | · Debit | • Credit • | Balance   |
| Ordinary Inco            | me Expense       |       |                                |                          |             |         |            |           |
| Income                   |                  |       |                                |                          |             |         |            |           |
| Land                     | scaping Service  | ces   |                                |                          |             |         |            |           |
| De                       | sign Services    |       |                                |                          |             |         |            |           |
| 50087                    | 10/11/2015       | 67    | Crenshew, Bob                  | Custom Lan               | Design      |         | 1,250.00   | 1,250.00  |
| Invoice                  | 10/15/2015       | 71    | Jim's Family Store             | Custom Lan               | Design      |         | 1,250.00   | 2,500.00  |
| 50087                    | 10/20/2015       | 75    | Williams, Abraham              | Oustom Lan               | Design      |         | 750.00     | 3,250.0   |
| Invoice                  | 10/20/2015       | 76    | Lee, LauretLee Reside          | Oustom Lan               | Design      |         | 3,200.00   | 6,450.0   |
| 50087                    | 10/27/2015       | 78    | Leon, Richard                  | Custom Lan               | Design      |         | 550.00     | 7,000.00  |
| Invoice                  | 11/09/2015       | 93    | Ecker Design                   | Custom Lan               | Design      |         | 1,250.00   | 8,250.00  |
| Invoice                  | 11/13/2015       | 96    | Pretell, Erika:Residential     | Custom Lan               | Design      |         | 550.00     | 8,800.00  |
| Invoice                  | 11/24/2015       | 104   | Hughes, David                  | Custom Lan               | Design      |         | 850.00     | 9,650.00  |
| Invoice                  | 12/05/2015       | 122   | Paxton Consulting              | Custom Lan               | Design      |         | 3,750.00   | 13,400.00 |
| Invoice                  | 12/15/2015       | 132   | DJ's Computers                 | Custom Lan               | Design      |         | 110.00     | 13,510.00 |
| Tot                      | al Design Servic | ces   |                                |                          |             | 0.0     |            | 13,510.00 |

# **GENERAL LEDGER**

GL Shows proof of payment

- If you do not have a General Ledger, you will be REQUIRED to provide additional backup
  - Proof of ACH
  - Remittance Advice or Receipt
  - Front of check
  - Bank Statement

## 5. SALARY & FRINGE



- Payroll journal should outline:
  - Rate of pay, amount of pay, payroll period
  - Benefits and taxes
    - Social Security and Medicare
    - Health Insurance and other allocations

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# **SALARY & FRINGE**

- Provide % of fringe charged based on salaries
  - Will need to provide more if this information is not clearly outlined on Payroll Journal or General Ledger
- Time and Effort Reporting
  - Full hours
  - Hours charged to grant
  - % charged to the grant
  - Exempt employee must have a distribution sheet as well

#### SALARY & FRINGE REMINDERS

- Timesheets must be signed by EMPLOYEE & SUPERVISOR
- Front of check only needed if no Payroll Ledger is available
- Detail all fringe amounts on Payroll Ledger



# ALLOWABLE FRINGE

- FICA (Social Security and Medicare)
- Worker's Comp Insurance
- Pension & Retirement
- 401K Employer's Matching Share
- Unemployment Insurance
- Health Insurance
- Dental & Vision Insurance
- Life Insurance

#### SAMPLE PAYROLL JOURNAL

|   |   | 1000 00 0 10                     | IPLEWEB - Busi                       |  |                   |                                  |
|---|---|----------------------------------|--------------------------------------|--|-------------------|----------------------------------|
|   |   | Pa                               | yroll Journal - I                    |  |                   |                                  |
|   |   |                                  | All Bank Account                     |  |                   |                                  |
| Pay Description   | Hours   | Amount                           | December 31, 20<br>Withholding Taxes | Amount   | Deductions        | Amount                           |
|   |   | 74114 1114                       | the states                           | Autount  | Democrona         | Anount                           |
| Work Location: Busi   | iness Location  |                                  |                                      |  |                   |                                  |
| Department: 02  |   |                                  |                                      |  |                   |                                  |
| 1   | Eddington, Terry J                                      | i i                              |                                      | Check # 429                                      |                   | 12/31/16                         |
| Salaried Wages  | 80.0000   | 1,846.15                         | FICA-SS                              | 114.46   | 401(K) % of Gross | 73.85                            |
| Wages   | 0.0000  | 0.00                             | FICA-MED                             | 26.77  | Advance Repaid    | 0.00                             |
| Bonus   | 0.0000  | 0.00                             | FIT                                  | 350.94   |                   |                                  |
| Vacation  | 0.0000  | 0.00                             | Michigan SIT                         | 75.32  |                   |                                  |
| Totals  |   | 1,846.15                         |                                      | 567.49   |                   | 73.85                            |
| Company Expenses  |   |                                  |                                      |  | Net Check         | 1,204.81                         |
| FRFLITA: 11.08 FRFIG  | CA-SS: 114.46 ERFICA-M                                  | D: 26.77 Mi                      | chigan SUI: 49.85 401(k              | 0.% of Gross: 55.38                              | Net Pay           | 1,204.81                         |
| Litt of the Allow Lite in   |   |                                  |                                      | 9 10 01 01 0351 00:00                            | necray            | 1,201,01                         |
|   |   |                                  |                                      | y 30 01 04 0351 05150                            | Netray            | 1201101                          |
| Work Location: Busi   |   |                                  |                                      | 9 10 01 01001 00100                              | netray            | 1/201.01                         |
|   | iness Location  |                                  |                                      | g ja 61 (8655), 5355                             | Nel Pay           | 1/2/1/01                         |
| Work Location: Busi   | iness Location  |                                  |                                      | Check # 430                                      | Nelfay            |                                  |
| Work Location: Busi<br>Department: Hourly   | iness Location  |                                  | FICA-SS                              |  | 401(K) % of Gross | 12/31/16<br>31.50                |
| Work Location: Busi<br>Department: Hourly<br>2  | iness Location<br>,<br>Hermon, Sarah W                  |                                  | FICA-SS<br>FICA-MED                  | Check # 430                                      |                   | 12/31/16                         |
| Work Location: Busi<br>Department: Hourly<br>2<br>Wages                                       | iness Location<br>,<br>Harmon, Sarah W<br>85.0000       | 1,050.00                         |                                      | <b>Check # 430</b><br>65.10                      | 401(K) % of Gross | <b>12/31/16</b><br>31.50         |
| Work Location: Busi<br>Department: Hourly<br>2<br>Wages<br>Overtime Wages                     | iness Location<br>Harmon, Sarah W<br>85.0000<br>0.0000  | 1,050.00<br>0.00                 | FICA-MED                             | <b>Check # 430</b><br>65.10<br>15.23             | 401(K) % of Gross | <b>12/31/16</b><br>31.50         |
| Work Location: Busi<br>Department: Hourly<br>2<br>Wages<br>Overtime Wages<br>Vacation         | iness Location<br>,<br>,<br>85.0000<br>0.0000<br>0.0000 | 1,050.00<br>0.00<br>0.00         | FICA-MED<br>FIT                      | Check # 430<br>65.10<br>15.23<br>110.28          | 401(K) % of Gross | <b>12/31/16</b><br>31.50         |
| Work Location: Busi<br>Department: Hourly<br>2<br>Wages<br>Overtime Wages<br>Vacation<br>Sick | iness Location<br>,<br>,<br>85.0000<br>0.0000<br>0.0000 | 1,050.00<br>0.00<br>0.00<br>0.00 | FICA-MED<br>FIT                      | Check # 430<br>65,10<br>15,23<br>110,28<br>43,29 | 401(K) % of Gross | <b>12/31/16</b><br>31.50<br>0.00 |

#### SAMPLE TIMESHEET

#### OPERATIONS EMPLOYEE TIMESHEET Check box if overtime authorization is required Employee Name Payroll Ending Date June 14, 2025 Employee Number Total Total Total Payroll REGULAR HOURS: Date: 6/1 6/2 6/3 64 6/6 677 Wook 1 6/8 69 6/10 6/11 6/12 6/13 6/14 Wook 2 Regular Use Only 6/5 Task Title # S м Th Loc WO# Work Description Job Title S м т W Th F Regular s т W F 5 Regular Hours Pay Code Total Regular Hours



#### EARNINGS STATEMENT

| ision Inc                        |                |          |            |            |          |              |          |
|----------------------------------|----------------|----------|------------|------------|----------|--------------|----------|
| 757 Somewhere<br>Yorktown VA, 23 |                |          |            |            |          |              |          |
| Employee ID                      | Name           | SSN      | Pa         | )<br>Date  | Check No | Pay Pe       | riod     |
| 66980                            | Price, Vincent | 111-11-1 | 111 10/    | 1/2008     | 196358   | 9/1/2008 - 1 | 0/1/2008 |
|                                  |                |          | Cu         | rent YI    | D        |              |          |
|                                  |                | Gro      | ss Pay 213 | 9.00 4278  | 8.00     |              |          |
|                                  |                | Oth      | er Pay     | 0.00       | 0.00     |              |          |
|                                  |                |          | uctions 28 |            |          |              |          |
|                                  |                | Net      | Pay 185    | 7.86 371   | 5.72     |              |          |
|                                  | Earnings       |          |            |            | Dedu     | ctions       |          |
|                                  | An             | ount     | YTD        |            |          | Amount       | YTD      |
| Salary                           |                | 2124.00  | 4248.00    | Federal    |          | 141.94       | 283.88   |
| Subsidy - Fitness                |                | 15.00    |            | Medicare   |          | 27.97        | 55.94    |
|                                  |                |          |            | VA-State   |          | \$5.23       | 170.46   |
|                                  | Deposits       |          |            | YMCA       |          | 26.00        | 52.00    |
|                                  |                | ount     | YTD        |            |          |              |          |
| Direct Deposit                   |                | 1857.86  | 3715.72    |            | Ben      | efits        |          |
|                                  |                |          |            |            |          | Amount       | YTD      |
|                                  |                |          |            | Annual Lea | ive      | 7.00         | 14.00    |
|                                  |                |          |            | Sick Leave |          | 5.00         | 10.00    |
|                                  |                |          | _          |            |          |              |          |
|                                  |                |          |            |            | Miscal   | laneous      |          |
|                                  |                |          | f          |            | MISCEI   |              | Amount   |

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#### 6. SOURCE DOCUMENTATION

- Provided documentation based on budget spreadsheet that details all requested amounts (journal entry) and corresponding backup numbered and placed in chronological order
- Transaction Detail by Account Report listing amounts, etc. (general ledger)
- Copy of invoice/bill paid
- DETAILED and clear to read receipt/invoice indicating all items or services purchased, date and method of payment

# SOURCE DOCUMENTATION

- If we do not receive <u>ALL</u> the requested pages of your invoice, it will be returned as <u>UNPAID</u>
- It will be the responsibility of your organization to review the request for reimbursement(s) and make sure they are complete and ready for processing

#### WE DO NOT REIMBURSE CASH PURCHASES



## SOURCE DOCUMENTATION REMINDERS

- Every penny in your invoice request must have source documentation
- Highlight amounts on receipts
- Organize the invoice and number the documents to match the spreadsheet
- Submit <u>all</u> invoices in ZoomGrants as <u>one</u> PDF file per funding source, per jurisdiction
- Correctly submitted reimbursements are processed faster
- Verified in HMIS all services for clients associated with an expense have been entered in HMIS as a service entry 52

### SOURCE DOCUMENTATION REMINDERS

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#### CLARK COUNTY INVOICE REVIEW PROCESS

These items are reviewed prior to deeming an invoice as a "clean" submission:

- Is it an eligible cost per funder?
- Is it an allowable cost per agreement?
- Is the RFF / RFR accurate?
- Are all required source documentation related to the RFF / RFR included?
- Have all service entries been recorded in HMIS?

# MONITORING SOURCE DOCUMENTATION

Documentation retentionCost allocation plans

#### PAYMENT

#### Submit invoices monthly

- Set up ACH for the fastest reimbursements
- Submit requests prior to the 15<sup>th</sup> of each month
- Email within 1-2 weeks if not heard back regarding receipt of invoices

# **DUPLICATION OF BENEFITS**

- Agency Program Teams will ensure clients are not receiving duplication of benefits
- Agency Fiscal Teams will ensure agency is not receiving duplication of funds
  - Verify time spent on grants
    - Example: admin team may be charged to multiple grants but may not exceed actual time worked
  - Certification per agency is required

#### **OVERSPENDING**

- Spending more than the amount listed on your resolution is not permitted
- Track your spending to ensure compliance
  - Request budget modifications prior to needing them as they take time to process
  - Track per client spending to ensure you've not gone above the ESG-CV per client allowance

#### **RECAPTURED FUNDS**

- Funds may be recaptured if the subrecipient is not expending funds or implementing projects in a timely manner
- Recaptured funds may be offered to other high-performing subrecipients
- Repayment of advances must be paid



Questions on submitting an invoice packet to Clark County?...

# POINTS OF CONTACT

CRMinfo@ClarkCountyNV.gov

Invoice Submission Question

- ZoomGrants issues
- General grant questions
- Support@Bitfocus.com

HMIS Issue

Email is the preferred method of contact.



#### THANK YOU FOR ATTENDING