# **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

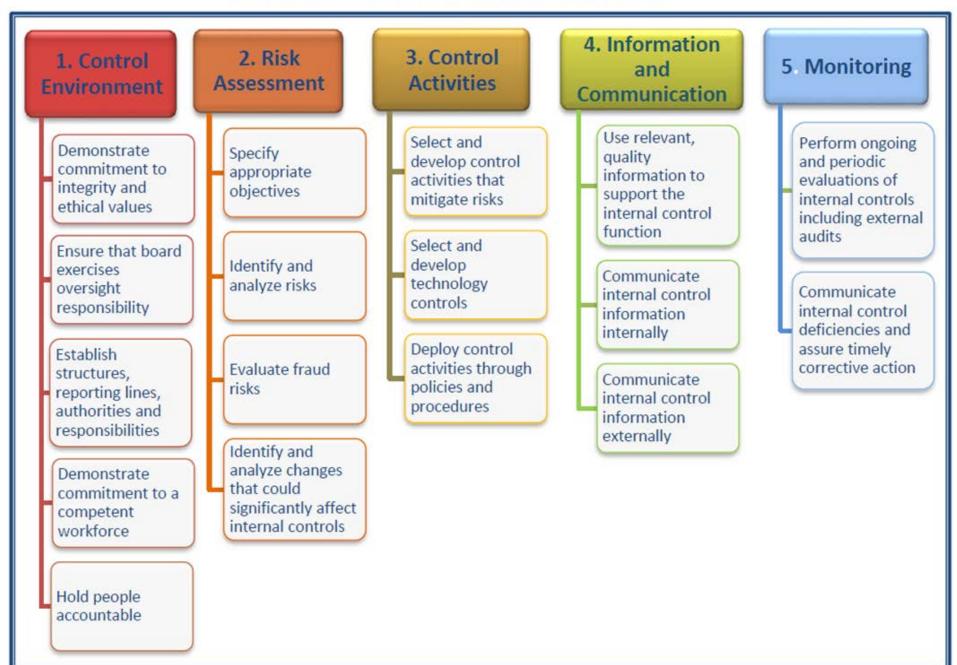
See §200.303 for what the non-Federal entity must do in regards to Internal controls Post Federal Award Requirements: <u>https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=b6314ceb60eb1f0cd5a6e4d9314bfa76&mc=true&n=sp2.1.200.d&r=SUBPART&ty=HTML</u>

#### **INTERNAL CONTROL Objectives**

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

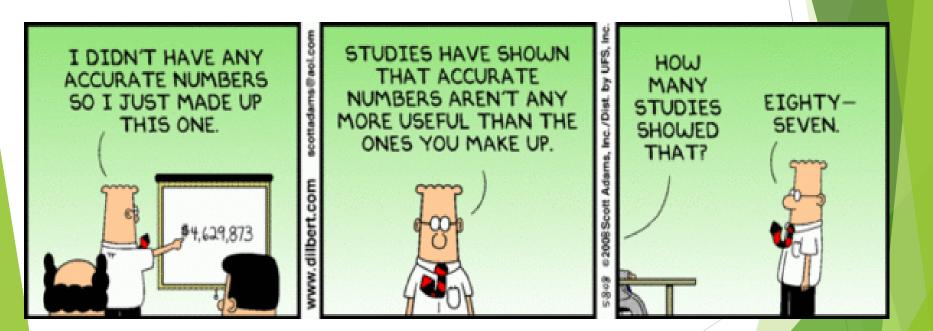
<u>https://www.ecfr.gov/cgi-bin/text-</u> idx?SID=ee1bcfb97efeaa9016a520a495cb8a7c&mc=true& node=se2.1.200\_161&rgn=div8</u>

#### **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 Dates	Utilization - Quarterly	Utilization - Cumulative	Narrative - 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 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?



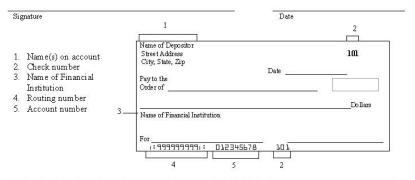
Photo Credit: https://2.bp.blogspot.com/\_j99VUrX25a4/SwoF0FXxTfI/AAAAAAAGio/DVXb4UM4gn8/s320/sh ow-me-the-money.jpg

	CLARK COUNTY COMPTRO Anna Danchik, Con 500 S Grand Central Pkwy Las Vegas NV 891 ACH Direct De Enrollm ent Fo	nptroller PO Box 55121 55-1210 <b>posit</b>	Office Use Only	<b>y</b> Unity
Name & Mailing Ac	idress	(Attach a con	ation Number npleted W-9 form) ss (please print clearly)	
Contact Name		Daytime Pho	one	
Name of Financial L (Item 3 below):	nstitution:			
Name(s) on Accoun <sup>.</sup> (Item 1 below):	t			
Routing Number:		Account Number:		
(Item 4 below) Please Credit: (Select One)	Checking account (attach voided check)	(Item 5 belor	w) ] Savings account 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 Amount	Request Amount	Previous 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 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 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 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 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 Department: Hourly	iness Location		FICA-SS		401(K) % of Gross	12/31/16 31.50
Work Location: Busi Department: Hourly 2	iness Location , Hermon, Sarah W		FICA-SS FICA-MED	Check # 430		12/31/16
Work Location: Busi Department: Hourly 2 Wages	iness Location , Harmon, Sarah W 85.0000	1,050.00		<b>Check # 430</b> 65.10	401(K) % of Gross	<b>12/31/16</b> 31.50
Work Location: Busi Department: Hourly 2 Wages Overtime Wages	iness Location Harmon, Sarah W 85.0000 0.0000	1,050.00 0.00	FICA-MED	<b>Check # 430</b> 65.10 15.23	401(K) % of Gross	<b>12/31/16</b> 31.50
Work Location: Busi Department: Hourly 2 Wages Overtime Wages Vacation	iness Location , , 85.0000 0.0000 0.0000	1,050.00 0.00 0.00	FICA-MED FIT	Check # 430 65.10 15.23 110.28	401(K) % of Gross	<b>12/31/16</b> 31.50
Work Location: Busi Department: Hourly 2 Wages Overtime Wages Vacation Sick	iness Location , , 85.0000 0.0000 0.0000	1,050.00 0.00 0.00 0.00	FICA-MED FIT	Check # 430 65,10 15,23 110,28 43,29	401(K) % of Gross	<b>12/31/16</b> 31.50 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 Yorktown VA, 23							
Employee ID	Name	SSN	Pa	) 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

#### 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 i HMIS as a service entry 53

#### 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