



STRATEGIES TO **END HOMELESSNESS**

prevent. assist. solve.

SUBMITTING A REQUEST FOR REIMBURSEMENT

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Submitting a Request for Reimbursement

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INTRODUCTION

Strategies to End Homelessness has compiled this training material for SUBMITTING A REQUEST FOR REIMBURSEMENT with the goals of:

- Limiting the burden on every agency by explaining the standard expectations for CoC, ESG, HOPWA, and HCRP billings
 - Quickly and accurately disbursing funds to subrecipient agencies
-

Grant Basics to Know Before You Bill:

- Understand your agency's **Subaward**, including its amendments. It will direct you to the regulations that detail which expenses are ELIGIBLE for reimbursement, as well as provide information about tracking and documentation requirements.
- Ensure that your agency has a financial system in place to track and document all expenses in accordance with 2 CFR 200.
- Ensure that your project staff has a complete understanding of the project specifications, including their own role in tracking and documenting expenses.
- Understand your subaward's requirements for **Match**. If the subaward has a match requirement and the agency is not including match on the billing, a note must be included giving a brief explanation of the situation (e.g. service match only verified quarterly).
- Understand the requirements for Program Income. If your project generates Program Income, the total amount of receipt and expenditure must be reported on reimbursement requests, including a transaction-by-transaction level account of expenditures.

Subaward: a standard *contract* defining the basic conditions for the project financing.

Match: the amount of cash or in-kind contributions that an agency is required to contribute to the CoC Program.

Program Income: the Income earned as a result of the Federal Program

Support all subaward, match, and program income (if applicable) expenditures with the proper Source Documentation, which must be retained as part of the project's records. Examples of acceptable source documentation include:

- Invoices
- Receipts
- Payroll Records
- Contracts
- Time Sheets

Source Documentation: the original record containing the details to authenticate each transaction as it is entered into the accounting system.

Please NOTE:

- *Intra-agency billings (internally created documentation for your own agency's use) are generally not acceptable as source documentation.*
- *Mileage reimbursements with adequate detail are eligible at the federally approved rate.*
- *Do not include an expense for reimbursement if you do not have adequate supporting documentation on file at your agency.*
- *Funds available from program income must be expended on eligible costs before requesting additional funds for reimbursement from STEH. Program Income may be used as match if stipulated in the Subrecipient funding agreement.*

- Understand that **Program Administrative Costs, Program Costs, and Agency Administrative Costs** are different and separate from each other:

- **Program Administrative Costs** are defined as costs incurred for the management, oversight, coordination, monitoring and evaluation of a specific project.
- **Program Costs** are costs that are directly related to the project activities. For example, under the CoC, time spent issuing checks to landlords is directly related to the Rental Assistance line item and is therefore a Rental Assistance Project Cost.
- **Agency Administrative (Indirect) Costs** are costs that support the entire agency and are not directly related to a particular federal project.

IMPORTANT: These costs are not reimbursable except under an approved indirect cost rate (including the de minimis). Your subaward will indicate if you may charge indirect costs.

REIMBURSEMENT FORMS AND INSTRUCTIONS FOR COMPLETION

REIMBURSEMENT FORMS CAN BE FOUND...

- On the STEH website, strategiestoendhomelessness.org, → Partner Agencies → Monitoring and Regulations → Billings:
 - Claim Voucher/Invoice
 - Grant Disbursements Report – *With STEH approval, your agency can submit a report generated by your accounting software IF it contains the same information found on the Grant Disbursements Report. Please review the FIELDS and their descriptions on page 7 to ensure your report is complete.*
 - Supporting Schedule
- By contacting the STEH billing department at billings@end-homelessness.org to request that forms be sent to your agency via email.

REIMBURSEMENT FORMS CAN BE SUBMITTED...

- In paper form by mail or hand delivery:
Strategies to End Homelessness
2368 Victory Parkway, Suite 600
Cincinnati, OH 45206
- Via email:
 - Attach a single PDF for each invoice to an email
 - Send email to billings@end-homelessness.org

AFTER SUBMITTING REIMBURSEMENT FORMS, AGENCIES CAN EXPECT...

Please NOTE: Timeline for Reimbursement differs for each funding source. ESG, HCRP, and HOPWA timelines are detailed in your subaward. Billings are due **by noon** on the monthly submission deadline.

Reimbursement Process for CoC Billing

The requested funds will be received in 8 to 9 business days IF all forms are properly completed.

The process is as follows:

- Business Day 1 - Reimbursement forms received by noon (via email or in paper form) will be logged and passed along to the Compliance Coordinator (CC) by EOB that day.
- Business Days 2 to 3 - CC will review the reimbursement forms to ensure they are complete and correct. If there are issues, the agency will be contacted for clarification. If there are no issues, the CC will forward all complete and correct reimbursement forms to the Finance Department.
- Business Days 4 to 5 - Finance records the transaction in the accounting system and draws from e-LOCCS.
- Business Day 6 - ACH electronic transfer is set for the next business day.
- Business Day 7 - Cash is received from HUD, ACH transfer effected.
- Business Days 8 to 9 - Electronic transfers may take 1 – 2 business days (typically 1) to be processed by the agency's bank. Funds will be available on business day 8 or 9.

IF REIMBURSEMENT FORMS ARE NOT PROPERLY COMPLETED...

- The Administrative Assistant or Compliance Coordinator will contact the agency to request the form(s) be corrected and resent via mail or email. Days spent waiting on the agency to resolve the issue will not count toward the 8 – 9 business days.
- The billing process will revert to Business Day 1 or 2 when corrected billing(s) are received, depending on which day of the process STEH returned them to the agency.
- STEH staff will **not** make changes to reimbursement forms.

CLAIM VOUCHER/INVOICE

SAMPLE CLAIM VOUCHER/INVOICE



Claim Voucher/Invoice

STEHE USE ONLY
 Grant: _____
 Component: _____

Agency: <u>FIELD A</u>	Invoice Date: <u>FIELD C</u>
Address: <u>FIELD B</u>	Invoice Number: <u>FIELD D</u>
Project Name: <u>FIELD E</u>	
Funding Source: <u>FIELD F</u>	
Contract Number: <u>FIELD G</u>	Billing Period: <u>FIELD H</u>

Memo:

FIELD I

Total: \$ FIELD J

THIS CERTIFICATE MUST BE EXECUTED BY CLAIMANT.

The undersigned hereby certifies that the goods or services specified in the attached documentation have been delivered or performed in accordance with the funding agreement and that payment thereof has not been received. Source documentation is maintained by the subrecipient and is available for review by STEH and other funders, as applicable.

Agency: FIELD K By: FIELD L Title: FIELD M
(Signature)

FIELD A	Agency – The name of the agency requesting reimbursement
FIELD B	Address – Agency office address
FIELD C	Invoice Date – Date submitted to STEH
FIELD D	Invoice Number – Agency invoice number, used for reference by the agency
FIELD E	Project Name – Name of the project per the application
FIELD F	Funding Source – Funding stream/grant, i.e. CoC, ESG, etc.
FIELD G	Contract Number – STEH issued contract number located in the upper right-hand corner of the subaward
FIELD H	Billing Period – Period within which costs were incurred
FIELD I	Memo – Enter summarized expenses by budget line item
FIELD J	Total – Total billing amount
FIELD K	Agency – Agency name
FIELD L	By – Authorized signature (authorized by your agency)
FIELD M	Title – Title of person signing

COMPLETED CLAIM VOUCHER/INVOICE



Claim Voucher/Invoice

STEHE USE ONLY

Grant: _____

Component: _____

Agency: <u>Good Agency, Inc.</u>	Invoice Date: <u>09/26/16</u>
Address: <u>123 Victory Pkwy, Cincinnati, OH 45206</u>	Invoice Number: <u>1</u>
Project Name: <u>Permanent Supportive Housing 2</u>	
Funding Source: <u>CoC</u>	
Contract Number: <u>201619</u>	Billing Period: <u>August, 2016</u>

Memo:

Rental Assistance	\$22,100.10
Supportive Services	\$ 5,500.20
Admin	\$ 1,400.50

Total: \$ 29,000.80 _____

THIS CERTIFICATE MUST BE EXECUTED BY CLAIMANT.

The undersigned hereby certifies that the goods or services specified in the attached documentation have been delivered or performed in accordance with the funding agreement and that payment thereof has not been received. Source documentation is maintained by the subrecipient and is available for review by STEH and other funders, as applicable.

Agency: Good Agency, Inc. By: *Jane Doe* Title: Finance Director
(Signature)

FOR STRATEGIES TO END HOMELESSNESS USE ONLY

Reviewed by: _____ Approved on: _____ Entered in Salesforce: _____

Date entered in QB: _____

Entered by: _____

Date in QB: _____

Payment entered in Salesforce by: _____

Allocation	Amount

GRANT DISBURSEMENTS REPORT

SAMPLE GRANT DISBURSEMENTS REPORT



Grant Disbursements Report

Agency	FIELD A
Contract Number	FIELD B
Project Name	FIELD C
Period Covered	FIELD D

EXPENSES

Invoice/Reference #	Transaction Date	Vendor/Payee	GL Account #	GL Account Description	Approved Budget Line Item (BLI)	Amount	Subtotal by BLI	Additional Notes
FIELD E	F	FIELD G	FIELD H	FIELD I	FIELD J	FIELD K	FIELD L	FIELD M
							\$0.00	\$0.00

PROGRAM INCOME/MATCH EXPENSES*

Invoice/Reference #	Transaction Date	Vendor/Payee	GL Account #	GL Account Description	Budget Line Item (BLI)	Amount	Subtotal by BLI	Additional Notes
FIELD E	F	FIELD G	FIELD H	FIELD I	FIELD J	FIELD K	FIELD L	FIELD M
							\$0.00	\$0.00

*Please note that not all subawards require match and not all projects generate program income.

FIELD A	Agency– The name of the agency requesting the reimbursement
FIELD B	Contract Number – STEH issued contract number located in the upper right-hand corner of the funding agreement
FIELD C	Project Name – Name of the project per the application
FIELD D	Period Covered – Period within which costs were incurred
FIELD E	Invoice/Reference # - Unique transaction identifier used within the agency’s financial management system
FIELD F	Transaction Date – The date the transaction is recorded in your financial system
FIELD G	Vendor/Payee – The name of the person or company that was issued payment
FIELD H	GL Account #: Internal number used by your agency to identify different accounts
FIELD I	GL Account Description – Description of expense
FIELD J	Approved Budget Line Item (BLI) – Budget category per the budget in your subaward
FIELD K	Amount – Dollar amount of each expense
FIELD L	Subtotal by BLI
FIELD M	Additional Notes – Additional notes as needed

*Please note that this form is a sample. We understand that systems vary. Please contact us with questions about your report.

COMPLETED GRANT DISBURSEMENTS REPORT



Grant Disbursements Report

Agency	Good Agency
Contract Number	201619
Project Name	Permanent Supportive Housing 2
Period Covered	1/1 - 1/31/15

GRANT EXPENSES

Invoice/Reference #	Transaction Date	Vendor/Payee	GL Account #	GL Account Description	Approved Budget Line Item (BLI)	Amount	Subtotal by BLI	Additional Notes
Multiple	Multiple	Multiple	7000	Direct Assistance	Rental Assistance	\$10,000.00		See Supporting Schedule
GJE 100	01/15/15	Multiple	7200	Wages/Salaries	Rental Assistance	\$3,000.00		See Supporting Schedule
INV 200	01/01/15	ABC Property	8200	Office Rent Expense	Rental Assistance	\$300.00	\$13,300.00	
GJE 100	01/15/15	Multiple	7200	Wages/Salaries	Supportive Services	\$2,000.00		See Supporting Schedule
INV 200	01/01/15	ABC Property	8200	Office Rent Expense	Supportive Services	\$200.00	\$2,200.00	
GJE 100	01/15/15	Multiple	7200	Wages/Salaries	Program Admin	\$1,000.00		See Supporting Schedule
INV 200	01/01/15	ABC Property	8200	Office Rent Expense	Program Admin	\$100.00	\$1,100.00	
						\$16,600.00	\$16,600.00	

PROGRAM INCOME/MATCH EXPENSES*

Invoice/Reference #	Transaction Date	Vendor/Payee	GL Account #	GL Account Description	Budget Line Item (BLI)	Amount	Subtotal by BLI	Additional Notes
Multiple	Multiple	Multiple	7000	Direct Assistance	Rental Assistance	\$2,200.00		See Supporting Schedule
INV 300	01/01/15	XYZ Healthcare	7500	Medical Insurance	Supportive Services	\$2,000.00	\$4,200.00	
						\$4,200.00	\$4,200.00	

*Please note that not all subawards require match and not all subawards generate program income

SUPPORTING SCHEDULE

SAMPLE SUPPORTING SCHEDULE



Supporting Schedule

Agency	FIELD A
Contract Number	FIELD B
Project Name	FIELD C
Period Covered	FIELD D

GRANT EXPENSES - Direct Assistance Report

Invoice/Reference # FIELD E	Transaction Date FIELD F	Vendor/Payee FIELD G	Additional Notes FIELD H	Amount FIELD I
Total Direct Assistance FIELD J				\$0.00

PROGRAM INCOME/MATCH EXPENSES* - Direct Assistance Report

Invoice/Reference # FIELD E	Transaction Date FIELD F	Vendor/Payee FIELD G	Additional Notes FIELD H	Amount FIELD I
Total Direct Assistance FIELD J				\$0.00

*Please note that not all subawards require match and not all subawards generate program income

FIELD A	Agency – The name of the agency requesting reimbursement
FIELD B	Contract Number – STEH issued contract number located in the upper right-hand corner of the subaward
FIELD C	Project Name – Name of the project per the application
FIELD D	Period Covered – Period within which costs were incurred
FIELD E	Invoice/Reference # - Unique transaction identifier used within the agency’s financial management system
FIELD F	Transaction Date – The date the transaction is recorded in your financial system
FIELD G	Vendor Payee – The name of the person or company that was issued payment
FIELD H	Additional Notes – Additional notes as needed
FIELD I	Amount – Dollar amount of each transaction
FIELD J	Total Direct Assistance – This must match the summarized number on the GDR

COMPLETED SUPPORTING SCHEDULE



Supporting Schedule

Agency	Good Agency
Contract Number	201619
Project Name	Permanent Supportive Housing 2
Period Covered	1/1 - 1/31/15

GRANT EXPENSES - Direct Assistance Report

Invoice/Reference #	Transaction Date	Vendor/Payee	Additional Notes	Amount
10000	01/02/15	Landlord Jones	Feb rent Alice0723	\$450.00
10001	01/03/15	ABC Properties	Feb rent John2275	\$550.00
10002	01/05/15	Cincy Rental Apts	Feb rent Taylor0085	\$1,050.00
10003	01/07/15	Landlord Smith	Feb rent Jaelyn2690	\$700.00
10004	01/10/15	A&B Enterprises	Feb rent Jorge1446	\$1,200.00
10005	01/14/15	Beach Terr LCC	Feb rent Robert8940	\$500.00
10006	01/15/15	Next Properties	Feb rent Henry4777	\$1,000.00
10007	01/25/15	Landlord Smith	Feb rent Paul9988	\$900.00
10008	01/28/15	CS Investments	Feb rent Jordan1234	\$575.00
10009	01/29/15	AR Properties	Feb rent Sara5522	\$1,250.00
10010	01/30/15	Cincy Rental Apts	Feb rent Kevin8080	\$1,825.00
Total Direct Assistance				\$10,000.00

PROGRAM INCOME/MATCH EXPENSES* - Direct Assistance Report

Invoice/Reference #	Transaction Date	Vendor/Payee	Additional Notes	Amount
10150	01/16/15	Gary Smith LLC	Feb rent Victor5117	\$600.00
10156	01/19/15	DR Rents	Feb rent Ashlee9999	\$750.00
10198	01/23/15	XYZ Properties	Feb rent Chris3456	\$850.00
Total Direct Assistance				\$2,200.00

*Please note that not all subawards require match and not all projects generate program income.

MOST FREQUENT PROBLEMS



Grant Disbursements Report

Agency	Confused Agency
Contract Number	201619
Project Name	Permanent Supportive Housing 2
Period Covered	1/1 - 1/31/15

GRANT EXPENSES

Invoice/Reference #	Transaction Date	Vendor/Payee	GL Account Description	Approved Budget Line Item (BLI)	Amount	Subtotal by BLI	Additional Notes
Multiple	Multiple	Housing Specialist	Wages/Salaries	Rental Assistance	\$735.00		
10520	01/15/15	Cincy Rental Apts	Direct Rent	Rental Assistance	\$550.00		Feb. rent for Sara0335
10525	01/16/15	Landlord XYZ	Direct Rent	Rental Assistance	\$1,000.00		Feb. rent for Jack1234
10530	01/18/15	Landlord ABC	Direct Rent	Rental Assistance	\$850.00		Feb. rent for Ben 2555
11250	01/01/15	ABC Property	Office Rent Expense	Rental Assistance	\$300.00		
12245	01/01/15	Duker Energy	Utility Deposit	Rental Assistance	\$500.00	\$3,935.00	
Multiple	01/15/15	Case Managers	Wages/Salaries	Supportive Services	\$2,000.00		
10555	01/01/15	ABC Property	Office Rent Expense	Supportive Services	\$200.00		
10387	01/14/15	CEU University	CEU for Case Manager	Supportive Services	\$2,500.00	\$4,700.00	
Multiple	01/15/15	Program Director & Finance Director	Wages/Salaries	Program Admin	\$1,000.00		
11138	01/01/15	ABC Property	Office Rent Expense	Program Admin	\$250.10	\$1,250.10	
11127	01/07/15	THCB LLC	Admin Expenses	Program Admin	\$847.00	\$847.00	
					\$10,732.10	\$10,732.00	

PROGRAM INCOME/MATCH EXPENSES*

Invoice/Reference #	Transaction Date	Vendor/Payee	GL Account Description	Budget Line Item (BLI)	Amount	Subtotal by BLI	Additional Notes
Multiple	01/01/15	Multiple	Direct Assistance	Rental Assistance	\$1,000.00	\$1,000.00	
12345	01/01/15	EZ Security	Building Security	Supportive Services	\$708.75	\$708.75	
					\$1,708.75	\$1,708.75	

*Please note that not all subawards require match and not all projects generate program income.

INCOMPLETE SUPPORTING SCHEDULES

Any amount which includes multiple charges should include a supporting schedule which breaks out each expense (i.e.: wages/salaries with more than one employee and/or pay period, direct assistance payments, etc.).

Be sure to retain the proper source documentation for all subaward and match expenditures.

INELIGIBLE ACTIVITIES

Non-HUD Approved Trainings/Continuing Education is not a CoC eligible activity.

Understand your agency's subaward, including its amendments. It will direct you to the regulations that detail which expenses are eligible for reimbursement.



Grant Disbursements Report

Agency	Confused Agency
Contract Number	201619
Project Name	Permanent Supportive Housing 2
Period Covered	1/1 - 1/31/15

GRANT EXPENSES

Invoice/Reference #	Transaction Date	Vendor/Payee	GL Account Description	Approved Budget Line Item (BLI)	Amount	Subtotal by BLI	Additional Notes
Multiple	Multiple	Housing Specialist	Wages/Salaries	Rental Assistance	\$735.00		
10520	01/15/15	Cincy Rental Apts	Direct Rent	Rental Assistance	\$550.00		Feb. rent for Sara0335
10525	01/16/15	Landlord XYZ	Direct Rent	Rental Assistance	\$1,000.00		Feb. rent for Jack1234
10530	01/18/15	Landlord ABC	Direct Rent	Rental Assistance	\$850.00		Feb. rent for Ben 2555
11250	01/01/15	ABC Property	Office Rent Expense	Rental Assistance	\$300.00		
12245	01/01/15	Duker Energy	Utility Deposit	Rental Assistance	\$500.00	\$3,935.00	
Multiple	01/15/15	Case Managers	Wages/Salaries	Supportive Services	\$2,000.00		
10555	01/01/15	ABC Property	Office Rent Expense	Supportive Services	\$200.00		
10387	01/14/15	CEU University	CEU for Case Manager	Supportive Services	\$2,500.00	\$4,700.00	
Multiple	01/15/15	Program Director & Finance Director	Wages/Salaries	Program Admin	\$1,000.00		
11138	01/01/15	ABC Property	Office Rent Expense	Program Admin	\$250.10	\$1,250.10	
11127	01/07/15	THCB LLC	Admin Expenses	Program Admin	\$847.00	\$847.00	
					\$10,732.10	\$10,732.00	

PROGRAM INCOME/MATCH EXPENSES*

Invoice/Reference #	Transaction Date	Vendor/Payee	GL Account Description	Budget Line Item (BLI)	Amount	Subtotal by BLI	Additional Notes
Multiple	01/01/15	Multiple	Direct Assistance	Rental Assistance	\$1,000.00	\$1,000.00	
12345	01/01/15	EZ Security	Building Security	Supportive Services	\$708.75	\$708.75	
					\$1,708.75	\$1,708.75	

*Please note that not all subawards require match and not all projects generate program income.

MIS-CATEGORIZED BUDGET LINE ITEMS OR ACTIVITIES

This expense was mis-categorized. Utility Deposits are a Supportive Service.

Refer to your project application, your subaward, and Program Regulations. Your subaward provides a link to ecfr.gov where these regulations can be found for all federally funded programs.

MATH ERRORS

Totals do not match due to formula, math, or rounding error.

Ensure your agency has a financial system in place to track and document all expenses, and ensure the settings permit for exact amounts and not rounded totals.

GLOSSARY OF COMMONLY USED TERMS

2 CFR 200 – Uniform administrative requirements, cost principles, and audit requirements for federal awards

Continuum of Care (CoC) – A network of organizations designated by HUD to oversee homeless assistance grants from HUD in a particular geographic area. Each CoC coordinates with homeless assistance agencies in its area to produce annual plans identifying the needs of local homeless populations, the resources currently available in the community to address those needs, and any gaps in resources that could be filled with additional funding.

Continuum of Care Program – The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

Emergency Solutions Grant (ESG) –The Emergency Solutions Grant (formerly known as Emergency Shelter Grant) is federal grant funding to assist with street outreach, shelter, rapid re-housing assistance, homelessness prevention, HMIS and administration. The change in the program's name, from Emergency Shelter Grant to Emergency Solutions Grant, reflects the change in the program's focus from addressing the needs of homeless people in emergency or transitional shelters to assisting people so they can quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. State governments, cities, counties, and U.S. territories receive ESG funds and make these funds available to eligible subrecipients, which can be either local government agencies or private nonprofit organizations. Subrecipients that want to operate the homeless assistance and/or homelessness prevention projects must apply for ESG funds through the governmental recipient, and not directly to HUD.

Homeless Crisis Response Program (HCRP) – Program implemented in 2012 by the Ohio Development Service Agency. It is modeled after the Homelessness Prevention and Rapid Re-Housing Program (HPRP).

Housing for Persons with AIDS (HOPWA) – The Federal program dedicated to the housing needs of people living with HIV/AIDS. Under the HOPWA Program, HUD makes grants to local communities, states, and nonprofit organizations for projects that benefit low-income persons

living with HIV/AIDS and their families.

Match – The amount of cash or in-kind contributions an agency or program is required to contribute to the CoC Program. The amount required for HUD CoC grants is 25%.

Agency Administrative (Indirect) Costs – Costs that support the entire agency and are not directly related to a particular federal project. **IMPORTANT:** These costs are not reimbursable except under an approved indirect cost rate (including the de minimis). Your subaward will indicate if you may change indirect costs.

Program Administrative Costs – Costs incurred for the management, oversight, coordination, monitoring and evaluation of a specific project.

Program Costs – Costs that are directly related to the project activities.

Program Income - Gross income earned by the Subrecipient that is directly generated by a supported activity or earned as a result of the Federal award during the operating year.

Source Documentation – The original record containing the details to authenticate each transaction as it is entered into the accounting system.

Subaward – A standard contract defining the basic conditions for the project financing.

CONTACT INFORMATION

Strategies to End Homelessness

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Email: billings@end-homelessness.org

Phone: 513-263-2780

Fax: 513-354-6688

STEH Billing Personnel:

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