

2018-2019 Emergency Solutions Grants Program Implementation Workshop

Objectives

Planning vs. Implementation

Planning

1. Reduce unsheltered homelessness
2. Align with the goals of the Federal plan “Opening Doors”
3. Improve HMIS data quality and use it to inform our strategies
4. Create a systemic response to homelessness

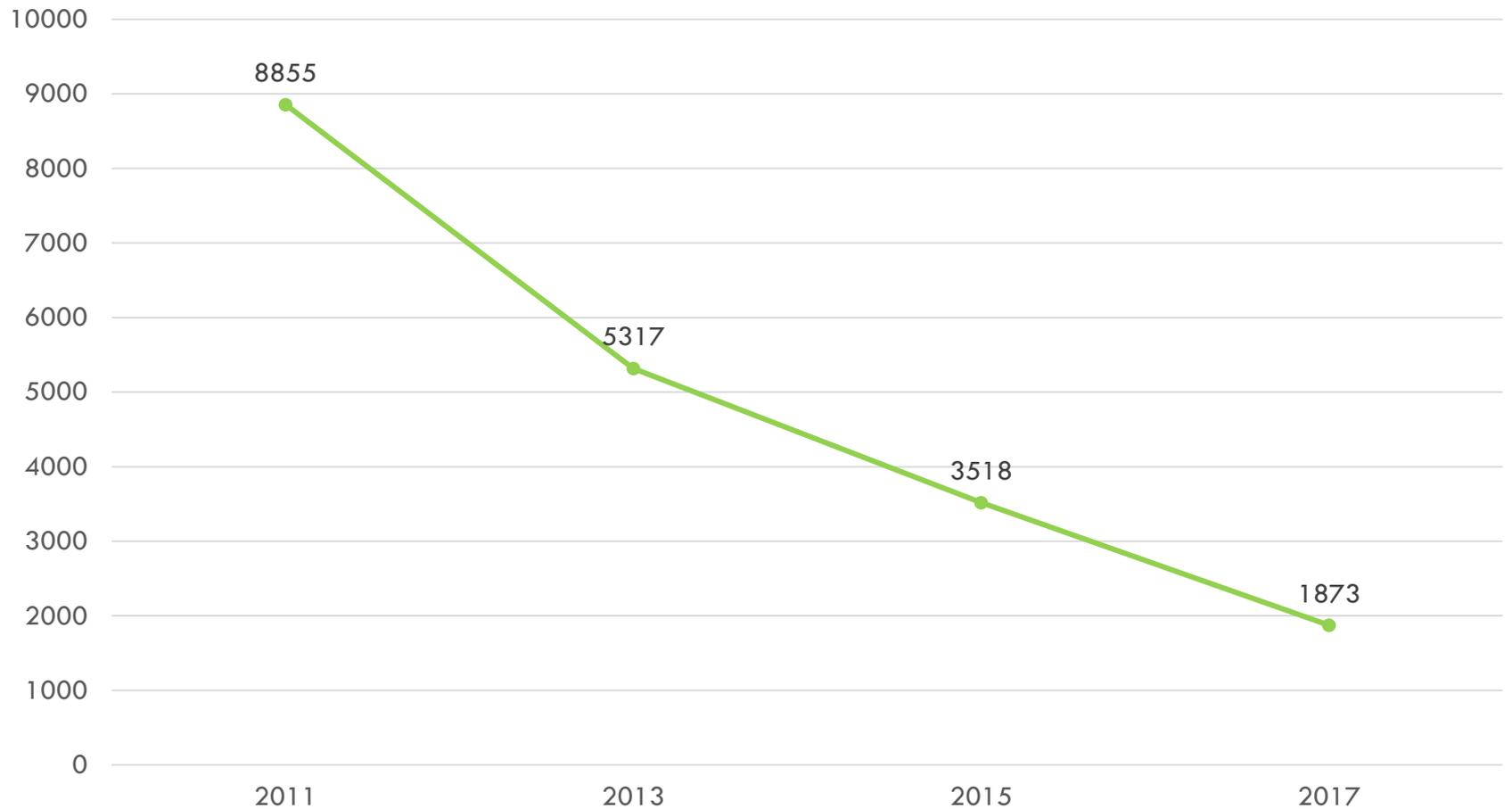
Implementation

1. Promote low-barriers, housing focused interventions
2. Target interventions through Coordinated Entry
3. Increase utilization of proven interventions such as rapid re-housing
4. Use System Performance Measures and HMIS data to focus resources

DCA ESG Priorities

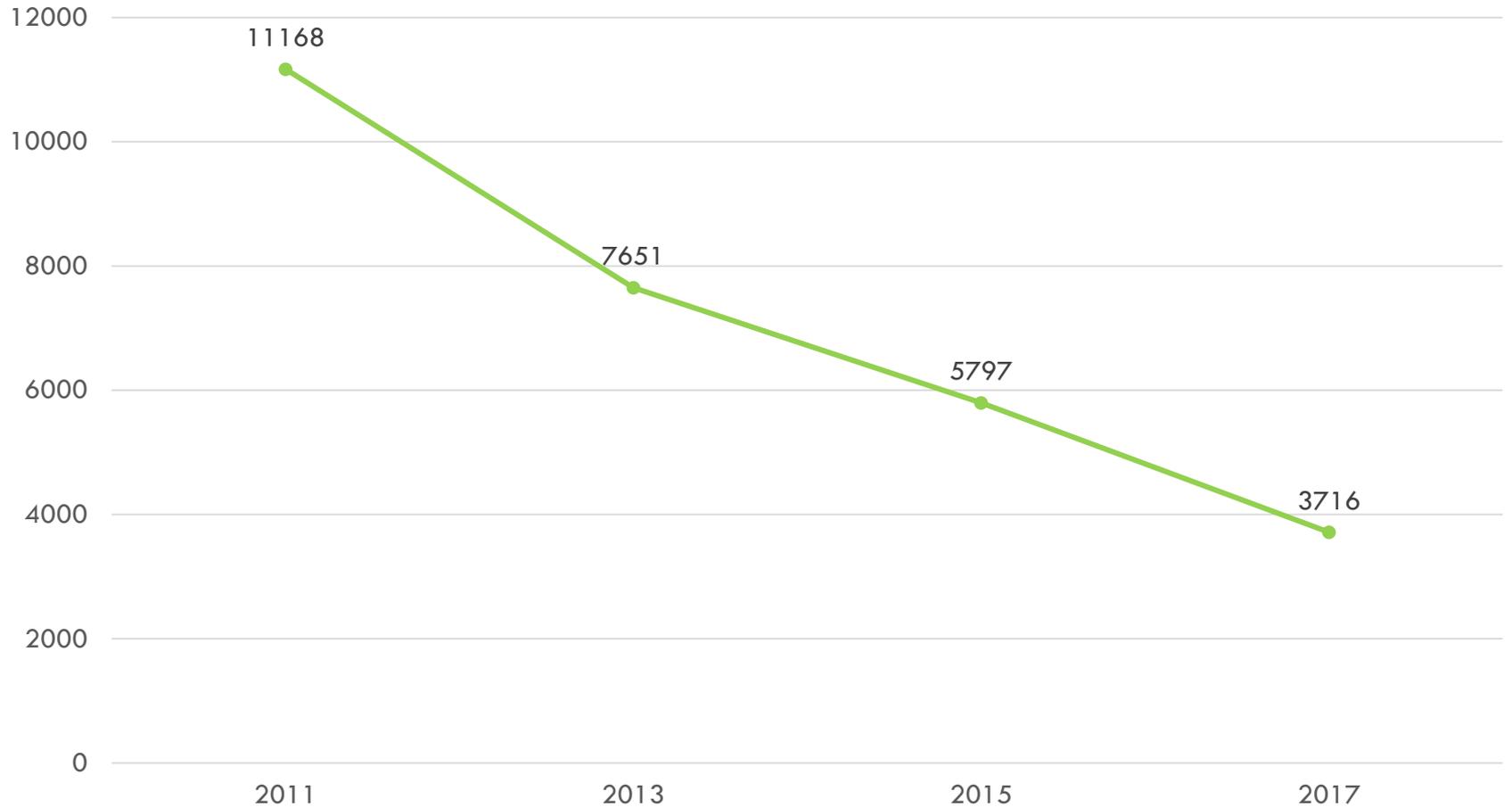
- Street outreach in targeted areas is a priority in the current program year
- Establishing a low-barriers, housing focused Coordinated Entry system in the BoS is a priority
- All programs are expected to set goals according to relevant performance measures
- ESG programs are included in System Performance Measures for the CoC

BoS Unsheltered PIT Counts



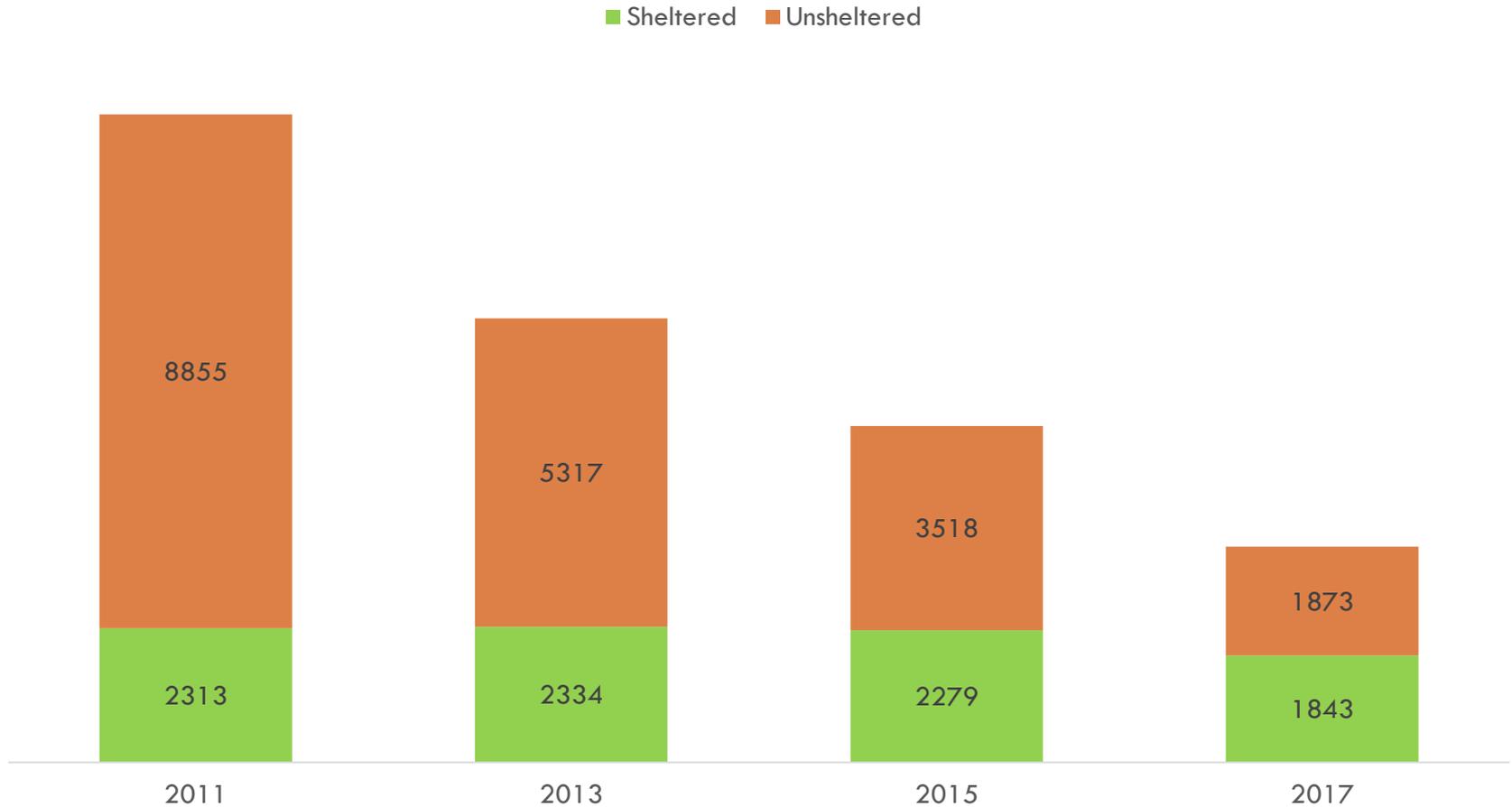
8/23/2018

Homeless Count Trend



8/23/2018

Sheltered vs. Unsheltered Proportions



8/23/2018

2018 ESG Application Scoring

Applications were scored against the following criteria:

1. Continuum / Entitlement Priorities
2. Project design and implementation
3. HMIS Proficiency
4. Grant Monitoring History
5. Organizational documentation & capacity
6. Project Performance Measures
7. Participation –CoC, Homeless Coalition, DCA training

2018 ESG Scoring Database

OrganizationName: <input type="text"/>	Funds Requested: <input type="text"/>	Award Amt: <input type="text"/>	Organization Threshold Denial? <input type="radio"/> Yes <input type="radio"/> No	Program Threshold Denial? <input type="radio"/> Yes <input type="radio"/> No	ApplicationType: <input type="text"/>
Project Name: <input type="text"/>	Match: <input type="text"/>	ContractID: <input type="text"/>			Org Doc Score: <input type="text"/>
email: <input type="text"/>	Total Budget: <input type="text"/>	Override: <input type="text"/>			Cost Per Person: <input type="text"/>
UniqueID: <input type="text"/>	ORG_ID: <input type="text"/>	NOI_ID: <input type="text"/>	Individuals: <input type="text"/>	Families: <input type="text"/>	Size: <input type="text"/>
			Persons in Fam: <input type="text"/>	Total Persons: <input type="text"/>	Total HH: <input type="text"/>

SCORING - Individuals: Households: Beds: *Review Status (Calculated) -- Use "Find" to locate "Complete" vs. "Incomplete":*

1. CoC or ESG Priority (Always Applicable) High Medium Low

Weighted Score: of

4. Program Design, Feasibility, and Strategy (Always Applicable)

Score: /100 Weighted Score: of

7. Participation

Score, Training: /2 N/A

Score, Continuum of Care: /2 N/A

Score, Homeless Counts: /2 N/A

Score, Coalitions: /2 N/A

Weighted Score by Scheme: of

2. Monitoring Performance N/A

Score: /5 Weighted Score: of

5. Performance Measures N/A **Calculated Value =**

a. Hard to Serve and Recidivism (Tier 1): /3 N/A

b. Income Increase (Tier 1): /3 N/A

c. Outreach to Shelter (Tier 1): /3 N/A

d. Outreach to Perm Housing (Tier 1): /3 N/A

e. Financial Progress (Tier 2): /2 N/A

f. Projected Served (Tier 3): /1 N/A

g. Timely Reimbursements (Tier 3): /1 N/A

Totals & Weighted Scores by Scheme: / of

Median Scores Entered? Yes

3. HMIS Data Quality N/A

a. Universal Data Elements: /2 N/A

b. Income and Housing DQ: /2 N/A

c. Chronic Homelessness: /1 N/A

d. Appropriate Length of Stay: /2 N/A

e. Bed Utilization: /1 N/A

f. Personally Identifiable Info (PII): /2 N/A

Totals & Weighted Scores by Scheme: / of

Median Scores Entered? Yes

6. Organizational Documentation (Always Applicable)

Score: /22 Weighted Score: of

SCORING TOTAL of

Lead and Participating CES Agencies:

Bonus Points:

Within DCA ESG Entitlement:

Reviewing Staff General Comments for Management Consideration:

Executive Review Comments:

2019 Application Process

- Low barriers, permanent housing focused approaches will continue to be weighted more heavily
- Lack of spending may result in an overall reduction of funds and will be weighted more heavily in individual application review
- Federal ESG funds will be prioritized for the Georgia Nonentitlement area

ESG Guidebook

- The DCA ESG Guidebook has been updated.
- The most recent version posted on the ESG page on the DCA website.
- The most recent version is dated September 2017.
- Any further updates will be communicated throughout the grant year.
- ALWAYS refer to the most recent version of the guidebook.
- Updated forms accompany the guidebook on the website.

Written Standards

- ❑ The State of Georgia ESG program has adopted the Georgia Balance of State Written Standard.
- ❑ The State of Georgia ESG program worked collaboratively with the Balance of State CoC in development of the BoS CoC Written Standards
- ❑ State ESG-funded projects/sub-recipients in the Balance of State **MUST** follow these Written Standards.
- ❑ Other ESG Entitlement Recipients in BoS **as applicable** (Clayton County, Gwinnett County, & Macon-Bibb County). These jurisdictions are free to develop their own standards or adopt those of DCA.
- ❑ For areas where DCA ESG funds are used in conjunction with non-BoS CoC entitlement ESG funds and where written standards may differ from DCA's, the DCA minimum standards will take precedence. (If the local standards are more stringent, they can be followed.)

Education Policy

Ensure that any agency protocols or policies do not infringe on the rights of homeless families.

- ❑ Families have a reasonable choice in deciding the school or community education program that children should be enrolled in.
- ❑ Make reasonable accommodations in allowing families to access programs either before or after school.
- ❑ Liaise with local education provider to ensure that the schools and other community agencies are aware of the resources available to homeless families.
- ❑ The case management plan must include any needs the assessment has identified, goals to eliminate any challenges and issues, and document any progress made towards achieving the goals.
- ❑ Make sure a person in the agency takes responsibility to ensure that all homeless families understand the implications of this policy, and their decision-making rights under it.

Housing Support Standards

A set of requirements for all DCA sub-grantees. Training will be provided.

These standards encompass 7 main topics:

- Program Philosophy
- Training and Supervision
- Access to Services
- Screening and Intake
- Service Planning and Delivery
- Case Closing and Follow Up
- Documentation

Housing Support Standards

- ❑ Project ensures that individuals have access to essential services (either in-house or through *formal* arrangements with other providers)
 - ❑ *Including housing services, skills training, support services, health services, employment and vocational services*
- ❑ Resource Directory is updated and available to staff
- ❑ Consumers have access to crisis support 24/7
- ❑ Project provides only those services for which they are qualified to provide
- ❑ Participation in Local/Regional Planning through CoC
- ❑ Housing Support Standards may be supplanted by written standards adopted by you CoC

Required Forms

- DCA requires ESG sub-recipients to use common forms located on the ESG page of the DCA website
- Helps ensure common information is collected and common assessment of households is conducted across the state
- Helps monitoring team evaluate projects fairly
- Stems from coordinated entry
- Updated forms for 2018 will be posted on the website upon completion of implementation trainings

Policies and Procedures

- ❑ Written policies and procedures should be developed for each ESG program
- ❑ Imagine a program instruction manual for a new employee
- ❑ Defines activities, who is responsible, and steps to be taken
- ❑ May incorporate written standards, but should also cover other program operations, including but not limited to:
 - ❑ Grants Management
 - ❑ Financial Management
 - ❑ Administration
 - ❑ Program Specific Items

Who is Homeless?

CATEGORIES:

- (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided; (qualify for ES, RRH, Services, some Outreach, Hotel/Motel Vouchers)

- (2) Individuals and families who will imminently lose their primary nighttime residence; (court order resulting from eviction that requires vacating within 14 days of application) (qualify for ES, Prevention)

Who is Homeless?

(3) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.” (may qualify for ES, Supportive Services, Hotel/Motel Voucher, RRH if also meet CATEGORY 1, may qualify for Prevention if at risk)

Who is Chronically Homeless?

A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act, who ...

- ❑ Lives in a place not meant for human habitation, a safe haven, or an emergency shelter; **AND**
- ❑ Has been homeless and living as described above continuously for at least 12 months or on at least 4 separate occasions in the last 3 years;
 - ❑ Combined occasions equal at least 12 months;
 - ❑ Each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described above.
 - ❑ Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.

An individual who has been residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria above before entering that facility, is chronically homeless.

A family with a head of household who meets the criteria set forth above is chronically homeless.

Qualifying Disabilities for Chronic Homelessness

- Disability that is expected to be long-continuing or of indefinite duration; substantially impedes ability to live independently; and could be improved by the provision of more suitable housing
 - Severe physical, mental, or emotional impairment
 - Diagnosable substance abuse disorder
 - PTSD
 - Brain injury
- Developmental disability
- HIV/AIDS

Who is At-Risk of Homelessness? (Prevention)

- ❑ The household has income below 30 percent of median income for the geographic area;

AND

- ❑ the individual or family has insufficient resources immediately available to attain housing stability.

- ❑ Sufficient resources or support networks are family, friends, or faith-based or other social networks immediately available to prevent them from moving to a shelter or living outside

AND

Who is At-Risk of Homelessness? (Prevention)

...AND

▣ Meets one or more of following:

1. Moved 2 or more times in previous 60 days for economic reasons
2. Living with others due to economic hardship
3. Notice of eviction (within 21 days)
4. Living in hotel/motel (at own cost)
5. Living in overcrowded housing (more than 2 persons for SRO/efficiency, more than 1.5 persons per room for larger housing)
6. Exiting an institution
7. Otherwise lives in housing that is unstable (see ESG Guidebook for more info)

Homeless Verification

Recordkeeping Requirements for the Definition of “Homeless” in 24 CFR Parts 582 and 583

HUD acknowledges that the recordkeeping requirements established in the proposed rule are detailed and have not previously been established by HUD in codified regulation. However, recipients of grants have

always been required to keep records proving the eligibility of program participants. **The monitoring finding that most often requires repayment of grant funds by recipients is failure to maintain adequate documentation of homeless eligibility;** therefore, to assure that program compliance and funding is directed to those individuals intended to be the beneficiaries of funding under the McKinney-Vento Act programs, the recordkeeping requirements set forth in this final rule are important and necessary.

Homeless Verification

HUD prefers this order for homeless verification:

1. Third Party verification
 - ❑ Written, including documents already available
 - ❑ Oral
 2. Intake Staff Observations
 3. Self-Certification (with staff certifying due diligence)
-
- ❑ Lack of third party documentation **MUST NOT** prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider.

DCA Homeless Verification Forms

- ❑ DCA approved forms will be available on the ESG page on DCA website
- ❑ The DCA Third-Party Verification form provides a template for agencies, but is only required when acceptable third-party documentation is not otherwise obtainable.
- ❑ The DCA Staff Certification form is required when documenting homelessness by staff observation or third-party oral statements.
- ❑ The DCA Self-Certification form is required when documenting homelessness through client self-certification.
- ❑ The DCA At-Risk Certification form is required when documenting at-risk status for Prevention.

DCA Chronic Homeless Forms

- Chronic Homeless Certification
 - May be used, along with attached documentation, to analyze whether an individual/family meets the chronic homeless definition
- Chronic Homelessness Third Party Verification
 - May be used to obtain written third party verification of stays in homeless facilities or institutions
- Chronic Homeless Self Declaration
 - May be used, when a homeless person/household lacks connections with service providers, to document chronic homelessness
- These forms have changed for 2017 and will be posted on the website upon the completion of implementation workshops

Determining Homeless Status of Youth

- ❑ Youth are not responsible for obtaining their own documentation. Instead, intake workers are responsible for documenting the youth's homeless status by verifying the information provided by the youth starting at the initial interview.
- ❑ If at any point the youth does not want someone to be contacted because he or she fears for their safety – the intake worker SHOULD NOT contact the person and should document the youth's feelings and statements in the case file.
- ❑ If the intake worker cannot obtain a higher level of documentation (e.g., a letter from a third-party) the youth can self-certify and the intake worker should document their effort to obtain a higher level of documentation, including notes about why they were not able to.
- ❑ If the intake worker is able to obtain documentation at any point during the youth's participation in the project, then the information should be added to the case file to back up intake documentation.
- ❑ When documenting category 4, the intake worker needs to ask only enough questions to know what is going on – they should rely on the youth's own statement about his or her feelings and concerns. If the youth indicates there is a safety risk then no further documentation of the safety risk is needed – the intake worker should simply document what the youth stated.

Determining Homeless Status of Youth

DETERMINING HOMELESS STATUS OF YOUTH QUICK GUIDE		
Category	Living situation	Types of Documentation (responsibility of intake worker to obtain the highest level of documentation possible in each situation)
Category 1 Literal Homelessness	<ul style="list-style-type: none"> Shelter including emergency shelter, transitional housing, or hotel or motel paid by government or charity Street or other place not meant for human habitation (ex. car, garage, park, abandoned building) An institution (ex. jail, hospital, juvenile detention) that the youth is exiting and where youth was resident for 30 days or less AND the youth resided in emergency shelter or place not meant for human habitation immediately prior to entering that institution 	<ul style="list-style-type: none"> Third party documentation, such as: <ul style="list-style-type: none"> HMS or victim services provider database printed record Written statement by housing or services provider such as homeless liaison, street outreach worker, or shelter provider, or Intake worker direct observation recorded in the file, or Certification of homelessness by youth AND documentation of intake worker's attempts to verify information, or (If exiting institution) Discharge paperwork or a written or oral statement from staff of the institution with beginning and end dates of the time the youth spent in the institution OR certification by youth that they exited institution AND documentation of intake worker's attempts to verify information. Also documentation of shelter or place not meant for human habitation prior to entering institution. <p>NOTE: A youth asking for emergency shelter or street outreach can self-certify their homelessness. This could be a sign-in sheet for shelter with a certification on top that the people signing in are homeless. No further documentation or attempts to verify are required to access emergency shelter.</p>
Category 2 Imminent Risk of Homelessness	<ul style="list-style-type: none"> In own housing, but being evicted within 14 days A hotel or motel paid for by the youth, family or friends where the youth cannot stay for more than 14 days (often due to lack of ability to continue paying) With family or friends and being asked to leave within 14 days <p>Additionally, the youth must have no safe alternative housing, resources or support networks to maintain or obtain permanent housing.</p>	<p>Documentation that youth will lose their housing within 14 days:</p> <ul style="list-style-type: none"> Notice of eviction or equivalent legal document, or Proof of inability to continue to pay for hotel or motel, or Statement by youth that they cannot continue to stay at the place they have been AND written or oral verification from owner or renter of housing obtained by intake worker OR documentation of intake worker's attempts to verify information; and <p>Documentation that the youth has no safe alternative housing, no financial or other resources, and no family or other support networks. Youth can self-certify this.</p>
Category 3 Homeless Under other Federal Statutes	<p>Youth who do not qualify as homeless under the other 3 Categories but who:</p> <ul style="list-style-type: none"> Are homeless under other federal statutes including the Runaway & Homeless Youth Act Have not had their own place with a lease, ownership interest or occupancy agreement in the last 60 days Have moved two or more times in the last 60 days Can be expected to have continued housing instability because of a disability, substance use addiction, history of domestic violence or child abuse, or two or more barriers to employment 	<ul style="list-style-type: none"> Certification of homeless status by the non-profit, or state or local government entity, responsible for administering homeless assistance under other federal statutes, and Certification by the youth that they have not had a lease or other agreement for housing in the last 60 days with written documentation (e.g., from an outreach worker or homeless liaison) OR documentation of intake worker's attempts to verify information, and Certification by the youth that they have had two or more moves in the last 60 days with written documentation OR documentation of intake worker's attempts to verify information, and Documentation of special needs (e.g., copy of SSI check, third party verification, direct observation) or at least two barriers to employment <p>NOTE: HUD must approve CoC Program funded projects to serve youth under Category 3. ISG funded projects do not require HUD approval.</p>
Category 4 Fleeing Domestic Violence	<p>Youth fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house, including:</p> <ul style="list-style-type: none"> Trading sex for housing Trafficking Physical abuse Violence (or perceived threat of violence) because of the youth's sexual orientation <p>Additionally, the youth must have no safe, alternative housing, resources or support networks to maintain or obtain permanent housing.</p>	<p>For providers that are not victim service providers:</p> <ul style="list-style-type: none"> Statement by youth that they are fleeing because of domestic or other violence AND If the safety of the youth is not jeopardized, verification of the statement through written observation by the intake worker or staff at other organizations including law enforcement, housing or service provider, social worker, homeless liaison or legal assistance provider youth has sought assistance from OR documentation of intake worker's attempts to verify information and certification of the statement by the youth or intake worker. <p>For victim service providers:</p> <ul style="list-style-type: none"> Statement by youth that they are fleeing domestic or other violence AND Certification of the statement by the youth or intake worker <p>All providers must obtain a youth's self-certification that the youth has no safe alternative housing, no financial or other resources, and no family or other support networks. The intake worker should obtain any available documentation or statements supporting the youth's certification.</p>

NOTE: Additional guidance on documenting homeless status can be found at [Criteria and Recordable Requirements for Definition of Homeless - HUD Exchange](#). Youth who are not determined to be homeless under one of the Categories above may be considered [at-risk of homelessness](#) and eligible for homelessness prevention services funded through ESG.

- <https://www.usich.gov/tools-for-action/webinar-determining-homeless-status-of-youth-for-hud-programs>
- <https://www.hudexchange.info/resource/4783/determining-homeless-status-of-youth/>

ESG Performance Measures

1. Reduce the unsheltered count within our service area.
2. Create and increase stable housing outcomes by placing homeless individuals and families in permanent housing.
3. Prevent homelessness leading to a decrease in the unsheltered count locally.
4. Increase long term stability for clients in permanent housing by assisting them to increase income and access to benefits.

These goals will be used to implement performance measures specific to each project type.

System Performance Measures

- HEARTH emphasizes coordinated system for homeless response within each CoC
- In addition to performance measures for individual programs, communities must measure performance as a coordinated system
- Performance measurement should include CoC, ESG recipients, and other homeless assistance stakeholders

System Performance Measures

Measure	Desired Outcome
1. Length of time persons remain homeless	Reduction in the average and median lengths of time persons remain homeless
2. The extent to which persons who exit homelessness to permanent housing destinations	Reduction in the percent of persons who return to homelessness
3. Number of homeless persons	Reduction in the number of persons who are homeless
4. Employment growth for homeless persons in CoC program-funded projects	Increase in the percentage of adults who gain or increase income
5. Number of persons who become homeless for the first time	Reduction in the number of persons who become homeless for the first time

System Performance Measures

Measure	Desired Outcome
6a. Successful placement from Street Outreach	Increase in percentage of people who exit SO to permanent housing, temporary destinations (except street), and some institutional destinations
6b. Successful placement in or retention of permanent housing	Increase in percentage of people who exit to or retain permanent housing

Appropriate Length of Stay

- Emergency Shelter – Up to 30 days
- Rapid Re-Housing/Prevention – 30 days to 1 year
- Hotel/Motel Voucher – less than 30 days

Contracts

- ❑ Each contract was emailed to the Applicant Primary Contact and the Agency Primary Contact. If you have not yet received your contract you should contact Heather Smith at Heather.Smith@dca.ga.gov.
- ❑ Each contract contains:
 - ❑ Exhibit A – Budget pages
 - ❑ Exhibit B – Environmental Review *NEW*
 - ❑ Exhibit C – Resolution
 - ❑ Exhibit D – HMIS *UPDATED*
 - ❑ Exhibit E – Homeless Definition and Recordkeeping
 - ❑ Exhibit F – Special Conditions
 - ❑ Exhibit G – Language Access Plan *NEW*
 - ❑ Exhibit Z – General Conditions *UPDATED*
 - ❑ HMIS comparable database requirements for DV agencies
 - ❑ Georgia Common Point of Access to Social Services (COMPASS), now Georgia Gateway
 - ❑ Georgia Housing Search or comparable site designated by DCA
 - ❑ Records Retention requirements
 - ❑ Quarterly reimbursement requests
 - ❑ Drug & Alcohol Testing restrictions

Environmental Reviews

- All DCA ESG projects require an environmental review.
- Organizations may not commit or expend funds received through ESG until DCA approves an environmental review that meets the standards outlined in 24 CFR Part 58.
- DCA will complete the environmental reviews for all projects as part of the contracting process, counties with Coastal Barrier Resource System areas must submit new Environmental Review Request for each new location.

Environmental Review Process

- ❑ Coastal Barrier Resource System counties (Chatham, Bryan, Liberty, McIntosh, Glynn, and Camden)
 - ❑ Each time the sub-grantee undertakes an activity (example: TBRA) at a new location in one of these counties, a new Environmental Review Request Form must be submitted to erin.wright@dca.ga.gov for DCA approval.
 - ❑ The environmental review form is located on the ESG page on the DCA website.
 - ❑ Grant funds may not be committed to any activity until DCA approves the environmental review.
- ❑ All other counties
 - ❑ Environmental review will be completed by DCA as part of the contracting process.
 - ❑ Guidance was sent directly to award recipients regarding completion of these reviews.
 - ❑ Further guidance and stipulations may be included with ESG contract materials.

Lead Based Paint

- ❑ Programs must ensure that units are in compliance with HUD's lead based paint requirements
- ❑ Exemption of shelters depends on configuration of the shelter space
- ❑ Required forms are located on the ESG page on the DCA website
- ❑ The forms will help you determine if any exemptions apply to your unit

What happens next?

1. Read guidebook, regulations, adopt forms on ESG page on DCA website.
2. Fully execute contract and send back to DCA.
3. Develop written policies and procedures according to regulation, including LAP and VAWA items.
4. Get appropriate staff in place and trained.
5. Ensure your HMIS is set up correctly.
6. Participate in DCA trainings.
7. Serve clients!

Proposed DCA Trainings

- ESG Administrative practices and requirements (webinar)
- Coordinated Entry
- Housing First
- Case Management
- Landlord Engagement
- Fair Housing/Limited English Proficiency
- Other?? **Please reach out soon if you need assistance!!!!**

Training Attendance

- Appropriate staff members should attend trainings.
- New programs or those with new staff should attend applicable in-person trainings whenever possible.
- PLEASE TAKE ADVANTAGE OF WEBINARS!

ESG Resources

- ❑ **DCA ESG Program website:**

<https://dca.ga.gov/safe-affordable-housing/homeless-special-needs-housing/emergency-solutions-grants> or www.dca.ga.gov

→ Safe and Affordable Housing → Emergency Solutions Grant →

- ❑ **HUD Exchange:**

<https://www.hudexchange.info>

- ❑ **National Alliance to End Homelessness:**

<http://www.endhomelessness.org/>

- ❑ **Georgia Housing Search:**

www.georgiahousingsearch.org

- ❑ **Georgia Gateway:**

<https://gateway.ga.gov/access/>

Monitoring

Monitoring will be conducted. Agencies will be contacted prior to the on-site review for a mutually convenient date and time. The purpose of on-site monitoring visits are to:

- Review grantee performance with sound fiscal management and accounting practices
- Identify areas in need of improvement
- Forge a working partnership between DCA and grantee through clear communication and support

Monitoring

- Client Data and Eligibility
- Implementation of Organizational Policies and Procedures
- Reimbursement Review
- Fair Housing & Equal Opportunity (FHEO) Compliance
- Language Access Plan
- VAWA
- Equal Access Rule
- Habitability Inspection Forms

Contacts

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ESG Financial Overview



August 2018

Heather Smith, Grants Consultant

Discussion Topics



- Reimbursement Process
- Reimbursement Request Forms and Instructions
- Processing Reimbursement Requests
- Payment Notices
- Budget Amendments
- Match Requirements

ESG Reimbursement Process

- Reimbursement requests should cover eligible expenses incurred from July 1, 2018 through June 30, 2019 (September 30, 2018 for RRH and Prevention)
- Reimbursement requests should be submitted monthly if possible and quarterly at the latest
- Match must be reported on each request for reimbursement and there is a space on the reimbursement form to record the match.
- Reimbursement requests should be mailed to Heather Smith. Faxed or emailed reimbursement requests are not accepted at this time.

ESG Reimbursement Process

Items Required for Reimbursement Request:

- ❑ Two pages; a Reimbursement Request Form and a Summary of Reimbursable Items by Line Item
- ❑ You must complete both pages in their entirety – ALL FIELDS
- ❑ An updated Reimbursement Request Form and a payment notice will be emailed to you once the payment has been processed by DCA
- ❑ Do not submit another reimbursement request until you have received your payment notice with you updated reimbursement form by email

ESG Reimbursement Process

- ❑ Prior to processing each reimbursement request, client level data will be reviewed for the reporting period beginning July 1, 2018 through the approximate date of your request.
- ❑ Each grantee should attach their client track data report to the ESG reimbursement request form as the last page of each request.
- ❑ Any deficiencies of 5% or more, in any one data field, will be reported to you with your returned reimbursement request and data must be cleaned before the reimbursement can be returned for processing.
- ❑ Domestic Violence Shelters (DV) must include a copy of the APRICOT data with each reimbursement request that follows the same reporting period.

ESG Reimbursement Process (Desk Audit)

- A desk audit is a request for supporting documentation by the person processing the reimbursement request
- This request can be sent via email or postal mail and will include all necessary documents to be returned
- Timely return of the requested supporting documentation is important for processing and payment

ESG Reimbursement Process

Common reasons for returned requests –

- ❑ Inappropriate signatures on Reimbursement Request Form
- ❑ Signatory on Reimbursement Cover Page is also listed as a “Vendor” in Column H of the Summary of Reimbursable Items. Any listed Vendors or Employees in Column H of the Summary of Reimbursable Items by Line Item Form **are not allowed to sign the cover page of the reimbursement request form.**
- ❑ Failure to include service dates or date ranges in Column K
- ❑ Failure to include case number (ie. Client track #) in Column B, when applicable
- ❑ Ineligible activities
- ❑ Reimbursement Amount Requested in Column L exceeds Check or Transaction Amount in Column G
- ❑ Using the wrong form or not including all necessary forms
- ❑ Poor HMIS data quality
- ❑ **Final request** for the year is not submitted/postmarked by the due date, July 31, 2019. At least two email notices are sent to all grantees regarding the grant close-out each year. Keep those email addresses up-to-date!

Reimbursement Requests Forms and Instructions



August 2018

Heather Smith, Grants Consultant

Reimbursement Request Form (Page 1)

HESG RAPID REHOUSING AND PREVENTION REIMBURSEMENT REQUEST

Return Completed Request to: Office of Homelessness and Special Needs Housing Dept. of Community Affairs (DCA) 60 Executive Park South, NE Atlanta, GA 30329-2231	Key to Source of Funds (See Block 1): *E = Federal ISG Program (CFA# 14.231) ITE = State Housing Trust Fund	Questions For DCA Staff? PH: 404 679 0632 (Heather) FAX: 404 679 0669 EM: Heather.Saith@dcga.gov
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Organization Name Of Your Organization	Effective Date: 7/1/2017
1 Program Name: _____	Completion Date: 9/30/2018
Program Type: Esg Rapid Rehousing	Program: FSGP
Cont/Act ID: 18CXCC	Funding Source: 18E
State FY: 2018	Program Code: _____

2 As of 8/20/2018:	Original Amount	Current Amount	\$25,000	Total Paid:	\$0	Balance:	\$25,000
Please Note: If this information is inconsistent with Organization's records, please notify DCA immediately!							

3 Request No. _____	Name: _____	Phone: _____	View All Related Payment Records
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Item	Budget	Received to Date	Amount Requested*
Financial Assistance Costs			
01 Application Fees			
02 Security Deposits			
03 Last Month's Rent			
04 Utility Deposits			
05 Utility Payments			
06 Moving Costs			
Financial Assistance Subtotal:			
Service Costs			
07 Housing Search and Placement			
08 Case Management			
09 Mediation			
10 Legal Services			
11 Credit Repair			
Services Subtotal:			
Short and Medium Term Rental Assistance			
12 Short and Medium Term Rental Assistance			
Total:			

Cumulative Match for Period Covered (Do not include HUD SIP or S-C) - (7/1/2017 through this request): Total \$ _____

5 Certification by specific persons who are Board Authorized Representatives (must be signed by two representatives specifically authorized by organization's board of directors):
By my signature below, I certify that: 1) I am authorized to make legally binding certifications on behalf of the organization named above; 2) the cost items for which reimbursement is being requested have not been and will not be submitted to any other funding entity, either for reimbursement or as documentation of the expenditure of funds advanced; 3) the portions of expenses for which reimbursement is being requested were incurred for the activity as described above, exclusively for the benefit of "eligible persons," as defined under the terms of the Program Participation Agreement; 4) the "Total Funds Expended or Obligated" sum named above was derived from the financial accounting records of the organization, and documentation in support of that figure is available upon request; 5) the organization is maintaining on a daily basis the statistical data necessary to report program benefit, as currently outlined by DCA; 6) the organization is in full compliance with all of our obligations and responsibilities under the Program Participation Agreement, and I am aware of no pending events or activities that would violate any term or terms of that Program Participation Agreement; and 7) the information contained in this report is true and correct.

Signature: _____ Date: _____
Type Name and Title: _____
Signature: _____ Date: _____
Type Name and Title: _____

Page ___ of ___ Pages

Section 1:

- All pertinent information for grant

Section 2:

- Grant funds information

Section 3:

- Must be completed prior to request submission; please number requests consecutively

8/23/2018

Reimbursement Request Form (Page 1)

IIESG RAPID REHOUSING AND PREVENTION REIMBURSEMENT REQUEST

Return Completed Request to: Office of Homelessness and Special Needs Housing Dept. of Community Affairs (DCA) 60 Executive Park South, NE Atlanta, GA 30329-2251	Key to Source of Funds (See Block 1): *E = Federal ESG Program (CEAP 14.231) ITF = State Housing Trust Fund	Questions For DCA Staff? PIL: 404 679 0632 (Heather) FAX: 404 679 0669 EM: hfo@dc.ia.gov		
Organization: Name Of Your Organization	Effective Date: 7/1/2017			
1 Program Name: _____	ContRact ID: 18CXXX	Completion Date: 9/30/2018		
Program Type: ESG Rapid Rehousing	State FY: 2018	Program: JSGP		
	Program Code: _____	Funding Source: 18E (see "Key" above)		
2 As of 8/20/2018: Original Amount _____ Current Amount \$25,000 Total Paid: \$0 Balance: \$25,000				
Please Note: If this information is inconsistent with Organization's records, please notify DCA Immediately!				
3 Request No. _____ Name: _____ Phone: _____	View All Related Payment Records			
	Item	Budget	Received to Date	Amount Requested*
	Financial Assistance Costs			
	01 Application Fees			
	02 Security Deposits			
	03 Last Month's Rent			
4	04 Utility Deposits			
	05 Utility Payments			
	06 Moving Costs			
	Financial Assistance Subtotal:			
	Service Costs			
	07 Housing Search and Placement			
	08 Case Management			
	09 Mediation			
	10 Legal Services			
	11 Credit Repair			
	Services Subtotal:			
	Short and Medium Term Rental Assistance			
	12 Short and Medium Term Rental Assistance			
	Total:			
	Cumulative Match for Period Covered (Do not include HUD SHP or SJC) - (7/1/2017 through this request): Total \$ _____			
5 Certification by specific persons who are Board Authorized Representatives (must be signed by two representatives specifically authorized by organization's board of directors): By my signature below, I certify that: 1) I am authorized to make legally-binding certifications on behalf of the organization named above; 2) the cost items for which reimbursement is being requested have not been and will not be submitted to any other funding entity, either for reimbursement or as documentation of the expenditure of funds at-amount; 3) the portions of expenses for which reimbursement is being requested were incurred for the activity as described above, exclusively for the benefit of "eligible persons" as defined under the terms of the Program Participation Agreement; 4) the "Total Funds Expended or Obligated" sum listed above was derived from the financial accounting records of the organization, and documentation in support of this figure is available upon request; 5) the organization is maintaining on a daily basis the statistical data necessary to report program benefit, as currently required by DCA; 6) the organization is in full compliance with all of our obligations and responsibilities under the Program Participation Agreement, and I am aware of no pending events or activities that would violate any term or terms of that Program Participation Agreement; and 7) the information contained in this report is true and correct.				
	Signature: _____	Date: _____		
	Type Name and Title: _____			
	Signature: _____	Date: _____		
	Type Name and Title: _____			
Page _____ of _____ Pages				

Section 4:

- ❑ All information under "Budget" will be prepopulated with the approved budget amounts.
- ❑ All information under "Received to Date" will prepopulate after 1st request is approved
- ❑ Organizations complete all information under "Amount Requested Per Attached Summary" in whole dollars
- ❑ "Cumulative Match for Period Covered" should be completed with the cumulative match amount for each request (ie. 1st request \$3500, 2nd request \$5700, etc)

8/23/2018

Reimbursement Request Form (Page 1)

HESG RAPID REHOUSING AND PREVENTION REIMBURSEMENT REQUEST

Return Completed Office of Homelessness and Special Needs Housing Dept. of Community Affairs (DCA) Request to: 60 Executive Park South, NE Atlanta, GA 30329-2231	Key to Source of Funds (See Block 1): *E = Federal ESG Program (CFAR 14.231) ITP = State Housing Trust Fund	Questions 1 or DCA Staff? PH: 404 679 0632 (Heather) FAX: 404 679 0669 EM: Heather.Smith@dca.ga.gov
---	---	--

Organization Name Of Your Organization: _____	Effective Date: 7/1/2017
Program Name: _____	Completion Date: 9/30/2018
Cont/Ract ID: 18CXXX State FY: 2018 Program Code: _____	Program: ESGP Funding Source: (see "Key" above) ESE

As of 8/20/2018: Original Amount	Current Amount \$25,000	Total Paid: \$0	Balance: \$25,000
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Please Note: If this information is inconsistent with Organization's records, please notify DCA immediately!

Request No. _____ Name: _____ Phone: _____ [View All Related Payment Records](#)

Item	Budget	Received to Date	Amount Requested*
Financial Assistance Costs			
01 Application Fees			
02 Security Deposits			
03 Last Month's Rent			
04 Utility Deposits			
05 Utility Payments			
06 Moving Costs			
Financial Assistance Subtotal:			
Service Costs			
07 Housing Search and Placement			
08 Case Management			
09 Mediation			
10 Legal Services			
11 Credit Repair			
Services Subtotal:			
Short and Medium Term Rental Assistance			
12 Short and Medium Term Rental Assistance			
Total:			

Cumulative Match for Period Covered (Do not include HUD SHP or S-CJ - 07/1/2017 through this request): _____ total \$

5 Certification by specific persons who are Board Authorized Representatives (must be signed by two representatives specifically authorized by organization's board of directors):

I, the undersigned, certify that: 1) I am authorized to make legally binding certifications on behalf of the organization named above; 2) the cost items for which reimbursement is being requested have not been and will not be submitted to any other funding entity, either for reimbursement or as documentation of the expenditure of funds advanced; 3) the portions of expenses for which reimbursement is being requested were incurred for the activity as described above, exclusively for the benefit of "eligible persons" as defined under the terms of the Program Participation Agreement; 4) the "Total Funds Expended to Date" as indicated above was derived from the financial accounting records of the organization, and documentation in support of that figure is available upon request; 5) the organization is maintaining on a daily basis the statistical data necessary to report program benefits, as currently outlined by DCA; 6) the organization is in full compliance with all of our obligations and responsibilities under the Program Participation Agreement, and I am aware of no pending events or activities that would violate any term or terms of the Program Participation Agreement, and 7) the information contained in this report is true and correct.

Signature: _____ Date: _____
 Type Name and Title: _____
 Signature: _____ Date: _____
 Type Name and Title: _____

Page _____ of _____ Pages

Section 5:

- ❑ 2 signatures are required for each request and must be original signatures, no photocopies will be accepted
- ❑ Signatures must match those on Exhibit C: Resolution
- ❑ Please sign in **blue** ink and ensure printed name/title are legible
- ❑ This is always Page 1 of #, dependent upon how many summary pages are included

Summary Page

Summary of Reimbursable Items:

- ❑ Please include Organization, Program Name (if applicable), Reimbursement Request No., & Grant Number on all Summary Pages
- ❑ Please do not change the number of Line Items (Column A) to more than 15 per page
- ❑ Original signature, in **blue** ink required (Suggested)
- ❑ Please provide a subtotal on each page and the grand total on final page

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Number of Item	Line Description	Quantity	Unit	Rate	Amount	Category	Check Number	Check Amount	Check Date	Reimbursed	Balance
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
										Subtotal This Page	50
										Grand Total of Request	

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page – RRH Only

Column B:

- Case Number (Client Track Number) is required for any item specific to a client; ie. Rent payment, utility payment, hotel/motel voucher, etc. Please list the client track number in this column where applicable.

Column C:

- Environmental Address; Please list the ER Address that applies to the unit. Any agency that provides service in a coastal county in GA will need to make sure that there is an ER on file for that address. For all other agencies that provide services in GA outside of the coastal GA counties, a blanket ER has been issued. However, still list the address that applies to the unit or shelter.

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Number	Case	Environmental Address	ER Address	Quantity	Unit Price	Check Number	Check Amount	Service/Item	Rate/Unit Price	Service/Item	Amount
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Signature of Preparer: _____ Subtotal This Page: _____ \$0
 Date: _____ Grand Total of Request: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page – Emergency Shelter Only

Column B:

- Case Number (Client Track Number) is required for any item specific to a client; ie. Rent payment, utility payment, hotel/motel voucher, etc. Please list the client track number in this column. For all DV shelters, please list the client keys from the comparable database system in column B.

Column C:

- Environmental Address; Please list the ER Address that applies to the shelter.

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Number	Case Number	Environmental Address	ER Address	Quantity	Unit Price	Check Number	Check Amount	Service/Item	Service/Item Description	Service/Item Period	Reimbursement Amount
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Signature of Preparer: _____ Subtotal This Page: \$0
 Date: _____ Grand Total of Request: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Column E:

- Required for all items requested for reimbursement; use the date of the check or transaction (credit card, direct deposit, etc...)

Column F:

- Required for all items requested for reimbursement; ACH, Direct Deposit, & other acronyms are acceptable for a "Control Number" as applicable. Please list the last four of the check number that was used for payment of the transaction.

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Item Number	Description	Account	Check/Transaction	Date	Amount	Control Number	Transaction Type	Check/Transaction	Amount	Direct	Reimbursed
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Subtotal This Page: _____ 50
Grand Total of Request: _____

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Column G:

- ❑ Required for all items requested for reimbursement
- ❑ The \$ amount entered should equal the total amount of the check or transaction, not necessarily the \$ amount requested for reimbursement on the grant.

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L	
Line Item Number of Attach.	Line Description	Quantity	Unit of Measure	Unit Price	Check or Transaction Amount	Check or Transaction Number	Payable to Vendor	Description of Item	Quantity of Item	Unit Price of Item	Invoice Number	Reimbursement Amount
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Subtotal This Page _____ \$0
 Grand Total of Request _____

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Column G:

- ❑ Required for all items requested for reimbursement
- ❑ Please complete with the exact name check or transaction is payable to
- ❑ **If a person, employee, or vendor is listed in Column H, they cannot be a signatory on Page 1**

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Number of Item	Item Description	Check Number	Check Amount	Check Date	Check Payable To	Check Number	Check Amount	Check Date	Check Payable To	Check Number	Check Amount
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Subtotal This Page: _____ \$0
Grand Total of Request: _____

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: Reimbursement Request No.:

Program Name: Grant Number:

A	B	C	D	E	F	G	H	I	J	K	L
Item	Case Number (if App)	Est. Review Unit Address	Site ID Estimator B	Date of Transaction or Payment	Control or Check Number	Check or Transaction Amount	Payable to (Vendor)	Description of Item or Service	Eligible Activity No. (Use Allow Payable A By Line Item)	Service Date or Period	Reimbursement Amt Requested Rounded to nearest \$1
1	123456	225 Friendly Parkway Dr, Atlanta, GA 315012		8/2/2018	CC-2356	\$100.63	Sumtrust- John Doe Credit Services	Credit Repair	11	8/2/2018	\$101
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Subtotal This Page \$101
Grand Total of Request _____

Signature of Preparer: _____
Date: _____
Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Credit Card Transactions

- When a credit card is used for a transaction, please make sure that the credit card bill has been paid for that transaction before requesting reimbursement from DCA. Please keep on file all statements and receipts that pertain to the requested line item.
- **Line items are only eligible for reimbursement after the agency has paid the bill for that line item to their credit card company.**
- In Column H, list the name of the bank of the credit card and list the name of the store/vendor where the credit card was used.
- In Column F, list CC and the last four of the check # or ACH that was used to pay the credit card bill for the requested line item. Please see the example.

8/23/2018

Summary Page

Column I:

- ❑ Required for all items requested for reimbursement
- ❑ Identify type of activity; ie. Rent, utility payment, payroll, supplies, etc...
- ❑ **If “Supplies” or office equipment are requested for reimbursement, the organization must include a list and receipts of all supplies/equipment purchased (attach separate sheet)**

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Number	Item Description	Amount	Check	Check	Check	Check	Check	Description of Expense	Subtotal	Subtotal	Subtotal
Item	Payee Name and Address	Amount	Check	Check	Check	Check	Check	Service	Subtotal	Subtotal	Subtotal
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Subtotal This Page _____ 90
Grand Total of Request _____

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Column J:

- ❑ Required for all items requested for reimbursement
- ❑ Please use appropriate number from: Approved Budget Exhibit A or cover page for reimbursement; ie. *1* for Case Management, *10* for Transportation, *12* for Rents, *19* for Supplies, etc...

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No. _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L	
Line Number of Item	Date	Payee Name/Address	Small Amount	Check #	Check Number	Check Amount	Payable (Vendor)	Description of Expense	Number of Hours	Rate/Day	Amount	Reimbursement
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Signature of Preparer: _____ Date: _____ Type Name and Title: _____

Subtotal This Page _____ 50
Grand Total of Request _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Column K:

- ❑ Required for all items requested for reimbursement
- ❑ For rent payments this should be the month for which the rent is paid
- ❑ For utility payments this must be the date range on the bill (ie. July 5-Aug 4, 2018)
- ❑ For payroll costs this should be the pay period (ie. July 1-15, 2018)

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No. _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Number of Item	Date	Pay Period/Date Address	Small Business Address	Amount	Check Number	Check Amount	Payable (Vendor)	Description of Expense	Number of Items	Reimbursement Date	Amount Reimbursed
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Subtotal This Page _____ 50
 Grand Total of Request _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Column L:

- ❑ Required for all items requested for reimbursement; must be rounded to the nearest dollar
- ❑ For a “Check or Transaction Amount” (Column F) amount of \$.00-\$.49 round down, amount \$.50-\$.99 round up
- ❑ Amount cannot exceed the “Check or Transaction Amount” (Column F), with exception made for rounding up

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L	
Line Number	Item Description	Check or Transaction Amount	Reimbursement Amount	Check	Transaction Amount	Check or Transaction Amount	Reimbursement Amount					
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Subtotal This Page: _____ \$0
Grand Total of Request: _____

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Helpful Hints

- ❑ When requesting Employer Paid Taxes use a separate line and ensure the proper Vendor is listed, ie. Dept. of Revenue, Office of the Treasury, etc...
- ❑ When requesting Employer Paid Benefits please ensure the proper Vendor is listed, ie. Metlife, Aetna, Aflac, etc...
- ❑ Any Employer Paid Benefits are not paid directly to your employee and should not list the employee as the Vendor

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Line Item Number	Pay to Order Line Address	SPID	Check Number	Check Amount	Check Number	Check Amount	Description of Item or Service	Employer Paid Tax	Employer Paid Benefit	Employer Paid Other	Reimbursement Amount
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
										Subtotal This Page	50
										Grand Total of Request	

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Summary Page

Final Notes:

- ❑ Please change the Item Numbers (Column A) to reflect consecutive numbering; ie. If you have 2 summary pages the item numbers on the 2nd page should begin at 16 and end at 30
- ❑ Please number the pages appropriately; ie. Page 2 of 4, page 3 of 4, etc...
- ❑ Use only the DCA supplied form; please do not create a different Excel form

Georgia Department of Community Affairs
Summary of Reimbursable Items by Line Item. See Attached DCA on Reimbursement Request Form for This Program

Organization: _____ Reimbursement Request No.: _____
 Program Name: _____ Grant Number: _____

A	B	C	D	E	F	G	H	I	J	K	L
Item Number of Item	Description of Item	Quantity	Unit Cost	Check, Attach							
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Subtotal This Page: _____ 90
Grand Total of Request: _____

Signature of Preparer: _____
 Date: _____
 Type Name and Title: _____

Page ____ of ____ Pages -- Duplicate and revise "item" numbers [column A] if this reimbursement is requested for more than 15 items. All pages must be signed. Include Grand Total on last page.

Processing Reimbursement Requests

- Once a reimbursement request is received by the Office of Homeless and Special Needs Housing it follows a process for review, approval, and funds issuance
- Please allow up to 25 business days for this process once a reimbursement request is received
- Unless informed otherwise, it is not necessary for an organization to send supporting documentation with a reimbursement request; if additional information is needed to process a request the organization will be notified via postal mail or email
- It is important to respond as quickly as possible to requests for additional information

Payment Notices

Your reimbursement request in the amount of \$XX,XXX has been processed and will be deposited directly into your bank. Reimbursement for eligible costs incurred through September 30, 2019 is available until the deadline of October 31, 2019. All reimbursement requests must be received by that date. An updated reimbursement request form is attached for use with your next request.

This is the only notice you will receive regarding this payment. For verification that the deposit has been made, please contact your bank within the next two weeks.

If you need assistance, do not hesitate to call me direct at 404-679-0632 or email me.



Learn more about our commitment to [fair housing](#).

Heather Smith

Grants Consultant
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329

Direct 404-679-0632
Heather.Smith@dca.ga.gov

- Upon approval of a reimbursement request an organization will receive a payment notice & an updated Reimbursement Request Form (Page 1) via email
- The payment notice will contain the information shown as well as any additional pertinent information related to the request
- **Please do not mail in another reimbursement request until you receive the payment notice with your new reimbursement form.**
- **Please do not staple reimbursement requests forms that you mail in to us. We request that you paper clip the request forms or leave them as is.**

8/23/2018

ESG Reimbursement Process

Common reasons for returned requests –

- ❑ Inappropriate signatures on Reimbursement Request Form
- ❑ Signatory on Reimbursement Request Form is also listed as a “Vendor” in Column H of the Summary of Reimbursable Items
- ❑ Failure to include service dates or date ranges in Column J
- ❑ Failure to include client track number (ie. Client identifier) in Column B, when applicable
- ❑ Ineligible activities
- ❑ Reimbursement Amount Requested in Column L exceeds Check or Transaction Amount in Column G
- ❑ Using the wrong form or not including all necessary forms
- ❑ Poor HMIS data quality
- ❑ **Final request** for the year is not submitted/postmarked by the due date, July 31, 2019 or September 30, 2019.

ESG Reimbursement Process (Desk Audit)

- A desk audit is a request for supporting documentation by the person processing the reimbursement request
- This request can be sent via email or postal mail and will include all necessary documents to be returned
- Timely return of the requested supporting documentation is important for processing and payment
- A Desk Audit can be requested at anytime so please keep all copies of your receipts on file

ESG Budget Amendments

Budget review is a component of the competitive application process. Budget amendments may be considered *IF* the change does not effect the competitiveness of the application.

To make a change to the program budget, you must:

- ❑ Prepare a letter/email of explanation detailing why the request is necessary/requested
- ❑ Attach a copy of a Blank Reimbursement Form with your requested new budget totals. Cross out the original budget totals on the form and write in the new budget totals that you want to change.
- ❑ Mail or Email the request to Heather Smith and Marion Goulbourne
- ❑ Marion Goulbourne will review your budget revision for approval. If an approval is granted, then a new reimbursement form will be emailed to you with the new budget totals on the form.

ESG Budget Amendment Deadlines- RRH/Prevention

- **ONE** budget revision can be submitted **ONE** time per each quarter of your grant period. The last day to submit budget revisions for RRH and Prevention is August 31, 2019. **NO BUDGET REVISIONS WILL BE ACCEPTED after August 31, 2019** for RRH and Prevention Grants.

Quarter	Deadlines for Submission
1 st (July-Sept)	September 30, 2018
2 nd (Oct-Dec)	December 31, 2018
3 rd (Jan-Mar)	March 31, 2019
4 th (Apr-June)	June 30, 2019
Final	August 31, 2019

ESG Budget Amendment Deadlines-Emergency Shelter, Hotel/Motel, HMIS, Outreach,

- **ONE** budget revision can be submitted **ONE** time per each quarter of your grant period. The last day to submit budget revisions for ESG grants that end on 6/30 is **May 31, 2019**. **NO BUDGET REVISIONS WILL BE ACCEPTED after May 31, 2019** for ESG grants with a contract end date of 6/30/19.

Quarter	Deadlines for Submission
1 st (July-Sept)	September 30, 2018
2 nd (Oct-Dec)	December 31, 2018
3 rd (Jan-Mar)	March 31, 2019
Final	May 31, 2019

ESG Records Retention Requirements

- ❑ *(y) Period of record retention. All records pertaining to each fiscal year of ESG funds must be retained for the greater of 5 years or the period specified below. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.*
- ❑ *(1) Documentation of each program participant's qualification as a family or individual at risk of homelessness or as a homeless family or individual and other program participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served;*

See 24 CFR Part 576 - Federal Register /Vol. 76, No. 233 /Monday, December 5, 2011 /Rules and Regulations 75993

ESG Match Requirements

Grantees must complete a Match report prior to payment of the final reimbursement. The Match report will be sent to each grantee, via email, prior to June 30, 2019. The required information includes –

- Other non-ESG HUD Funds
- Other Federal Funds
- State Government
- Local Government
- Private Funds
- Other

ESG Match Requirements

- ❑ Failure to complete a Match report will result in reimbursement requests not being processed and payments being delayed; a delay may also occur in the return of your executed contract for the following grant year (if selected for award)
- ❑ All Rapid Re-Housing and Prevention grantees will be required to submit a Match report for match amounts expended as of June 30, 2019

Grantee/Grantor Oversight

- DCA relies on ESG grantees to maintain an active partnership in using resources in a responsive and accountable manner.
- DCA is responsible for ensuring that grants are administered in accordance with the requirements of all applicable laws and regulations.

Contact Information

- Heather Smith, Grants Consultant (Primary)
- Phone: (404) 679-0632
- Fax: (404) 679-0669
- Email: heather.smith@dca.ga.gov

- Christy Walker, Grants Compliance Manager
- Email: Christy.walker@dca.ga.gov

Questions



FAIR HOUSING



August 2018

ERIN WRIGHT, LEGAL CONSULTANT

Civil Rights Laws

- ❑ ESG subrecipients must comply with applicable equal access and nondiscrimination provisions of federal, state and local civil rights laws, including the Fair Housing Act, Title VI of the Civil Rights Act, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and the Equal Access Rule.

What is Fair Housing?

- Housing providers shall not on account of race, color, sex, religion, national origin, family status, disability or age deny any family or individual the opportunity to apply for or receive assistance.
- This applies to ALL programs.
- Additional guidance available on HUD and DCA's websites.

Section 504 – Effective Communication

- Must ensure effective communication with applicants, residents, and the public with communication disabilities. The application and admissions process and services offered must be accessible and understandable by persons with disabilities. This may include providing necessary auxiliary aids and services such as sign language interpreters and written materials in alternative formats that are necessary for communication with persons with disabilities.

Section 504 - Reasonable Accommodation

- A change, exception, adaptation or modification to a policy, program, service, building or workplace that will allow an otherwise qualified person with a disability to participate fully in a program, take advantage of a service, live in a dwelling or perform a job.
- There must be an identifiable relationship or *nexus* between the requested accommodation and the individual's disability.
- Reasonable accommodations may be necessary at all stages of the housing process.

Is an Accommodation Reasonable?

- Reasonableness must be determined on a **case by case basis**:
 1. Does the request impose an *undue financial and administrative burden*?
 2. Would making the accommodation require a *fundamental alteration* in the essential nature of the provider/recipient's operations?

If the answer to either question is yes, the requested accommodation is considered **not reasonable**.

- An alternate, comparable accommodation that qualifies as reasonable should be offered to the requester. Interactive dialogue.

Equal Access

- ❑ Must make housing available without regard to actual or perceived sexual orientation, gender identity, or marital status.
- ❑ Placement and accommodation made according to an individual's gender identity.**
- ❑ Cannot ask intrusive questions or ask for anatomical information or documentary, physical, or medical evidence of the individual's gender identity.
- ❑ Ensure inclusive language is used in communications, trainings, personnel handbooks and other policy documents.
- ❑ Anti-harassment/discrimination policy includes transgender and non-gender conforming in the list of groups protected
- ❑ Confidentiality practices

Families & Equal Access

- “Family” includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.
- Although shelters or housing programs may limit assistance to families with children, it may not limit assistance to only women with children. It must also serve the following family types, should they present:
 - Single male head of household with minor child(ren)
 - Any household made up of two or more adults presenting with minor child(ren)
- Programs serving families are not also required to serve adult-only families (so long as all adult-only families are equally denied regardless of sexual orientation, marital status or gender identity).

Equal Access – Policies & Training

- Agencies must establish, amend, or maintain program admissions, occupancy, and operating policies and procedures (including policies and procedures to protect individuals' privacy and security), so that equal access is provided to individuals based on their gender identity. This requirement includes tenant selection and admission preferences.
- Provide and regularly train staff, volunteers and contractors on the agency's policies and practices regarding Equal Access requirements.

Best LEP Practices



DCA instructs its partner agencies that the best practice is to ensure that LEP persons have an *equal opportunity* to participate in and benefit from the program, service or activity and have the same range of choices as those offered to non-LEP individuals.

What is required of agencies?

- ❑ Helpful to review DCA's LAP that describes what DCA expects of subrecipients.
- ❑ Exhibit to ESG contract
- ❑ We have started monitoring
- ❑ You need:
 - ❑ LEP Coordinator
 - ❑ Create your own LAP: Four Factor Analysis. Sample LAP.
 - ❑ Outreach
 - ❑ What services you will provide? Translation of vital documents, interpretation

Who is protected under VAWA?

- Violence Against Women Act (VAWA)
- Victims of domestic violence, sexual assault, dating violence, stalking *who are also*
 - Applicants OR
 - Current (authorized) program participants
- An individual's status as a victim is not an appropriate basis for denial or termination of admission or housing assistance.

****The majority of VAWA applies to rental assistance****

VAWA and Current Participants

- ❑ Criminal activity *directly* relating to domestic violence, dating violence, sexual assault, or stalking is NOT a basis for termination. Even if it was a guest of the participant.
- ❑ Incident of domestic violence is not a violation of the lease OR “good cause” to terminate tenancy or occupancy rights.
- ❑ Exception for actual and imminent threat, but have to show other efforts.
- ❑ CONFIDENTIALITY. Provider must keep confidential any information about an individual’s status as a victim or documentation the victim provides
 - ✦ Can’t enter information into shared database
 - ✦ Confidential record keeping

Other Protections

- Lease bifurcation
 - ✦ Landlord may split a lease to evict the perpetrator of the violence and continue to house remaining family members.
 - ✦ What about if remaining person is not eligible for the program? VAWA does not trump program requirements.

- Emergency transfers – transfer to a safe unit (agency must have Emergency Transfer Policy)
 - ✦ When:
 - The tenant asks to transfer; AND
 - The tenant believes there is risk of imminent harm; OR
 - The tenant or household member was victim on the premises within 90 days of the transfer request.

- Must give HUD's notice and certification forms are given to applicants and participants at certain times

DCA Monitoring

- We have started monitoring
 - Does agency provide the notice and certification to applicants/participants as required?
 - Policy?
 - Acknowledgment of receipt or other documentation that it was provided?
 - Has agency adopted an emergency transfer plan?
 - Must keep data on emergency transfers
 - Lease addendums
 - Rental assistance agreement is here: <https://dca.ga.gov/node/3068>
 - VAWA addendum is here: <https://dca.ga.gov/node/3069>

Any Questions?



Erin Wright

Legal Consultant

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Coordinated Entry System



ESG Implementation
Workshops

Isaac Davis and Rebecca Hickom
Coordinated Entry System Coordinators

What is Coordinated Entry?



Coordinated Entry is a process through which people experiencing homelessness access the crisis response system in a streamlined way. They have their strengths and needs quickly assessed and are quickly connected to appropriate, tailored housing and mainstream services within the community or designated region.

What is Coordinated Entry?

- Standardized assessment tools (*Prevention and Diversion Screening Tool and VI-SPDAT*) are used across the CoC. The assessment provides the ability for households to gain access to the BEST options to address their NEEDS, incorporating participant's choice rather than being evaluated for a single program within the system. The most intensive permanent housing interventions are prioritized for those with the highest needs.

Coordinated Entry-Overall Goals

- ❑ To ***match*** households with the most appropriate housing and service intervention and increase ***housing stability*** by targeting the appropriate housing intervention to the corresponding needs of the household
- ❑ To ***prioritize*** limited resources based on level of need and vulnerability
- ❑ To ***prevent*** households from becoming homeless by supporting them to resolve their housing crisis
- ❑ Reduce ***the length of homelessness*** by moving people quickly into the appropriate housing

ESG and CE

- HUD requires ESG grantees to participate in their CoC's coordinated entry system
- HUD funded permanent housing solutions must be prioritized by CoC standards

CES in the BoS

- ❑ 5 Implementation Sites (Bartow, Bibb, Colquitt, Glynn and Liberty Counties)
- ❑ Working with other communities to increase number of sites (Clayton, Dougherty, Gwinnett, Hall, Lowndes, and Troup Counties)
- ❑ Implementation sites will expand to cover multiple counties as possible
- ❑ All implementations use HMIS to record assessments, manage prioritization list, track referrals, system data
- ❑ Agencies outside of implementation communities assess and prioritize on an agency level

CES in the BoS

- CES planned on the local level
- Local leadership
- Transparent and collaborative community effort
- BoS CoC CES Regional Planning Guide
- Communities decide what model works best
 - Centralized/Centralized Multi-Site
 - Decentralized/No Wrong Door
 - Hybrid

Participation in CE

- How does my project participate in coordinated entry?
 - Inside implementation community
 - Outside implementation community

Participation in CE

If your agency is located **IN** an implementation community (Bartow, Bibb, Colquitt, Glynn or Liberty counties), you must:

- ❑ Report program vacancies to lead agency
- ❑ Fill permanent housing vacancies through CE
- ❑ Follow CE Written Standards
- ❑ Housing focused (Emergency Shelter)

Participation in CE

If your agency is NOT located in an implementation community, you must:

- ❑ Assess households experiencing literal homelessness using VI-SPDAT
 - ❑ Households should NOT be assessed prior to entrance into emergency shelter/hotel motel
- ❑ Input household into HMIS, input VI-SPDAT results in HMIS
- ❑ Prioritize permanent housing project vacancies using the Prioritization Spreadsheet
- ❑ Meaningful referrals when necessary

Governance and Tools

- BoS CoC CES Written Standards
- Prevention and Diversion Screening Tool
- Coordinated Entry Intake Form
- VI-SPDAT
- Prioritization Spreadsheet

Located on CE webpage at:

<https://dca.ga.gov/safe-affordable-housing/homeless-special-needs-housing/georgia-balance-state-continuum-care/balance>

Training



- CES in the BoS CoC Webinar
- VI-SPDAT Training Webinar
- CES-HMIS Data Entry Webinar (Coming soon....)
- Safety Planning for All (Coming soon....)

Questions



Contact



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