



FY 2023 CDBG – ESG

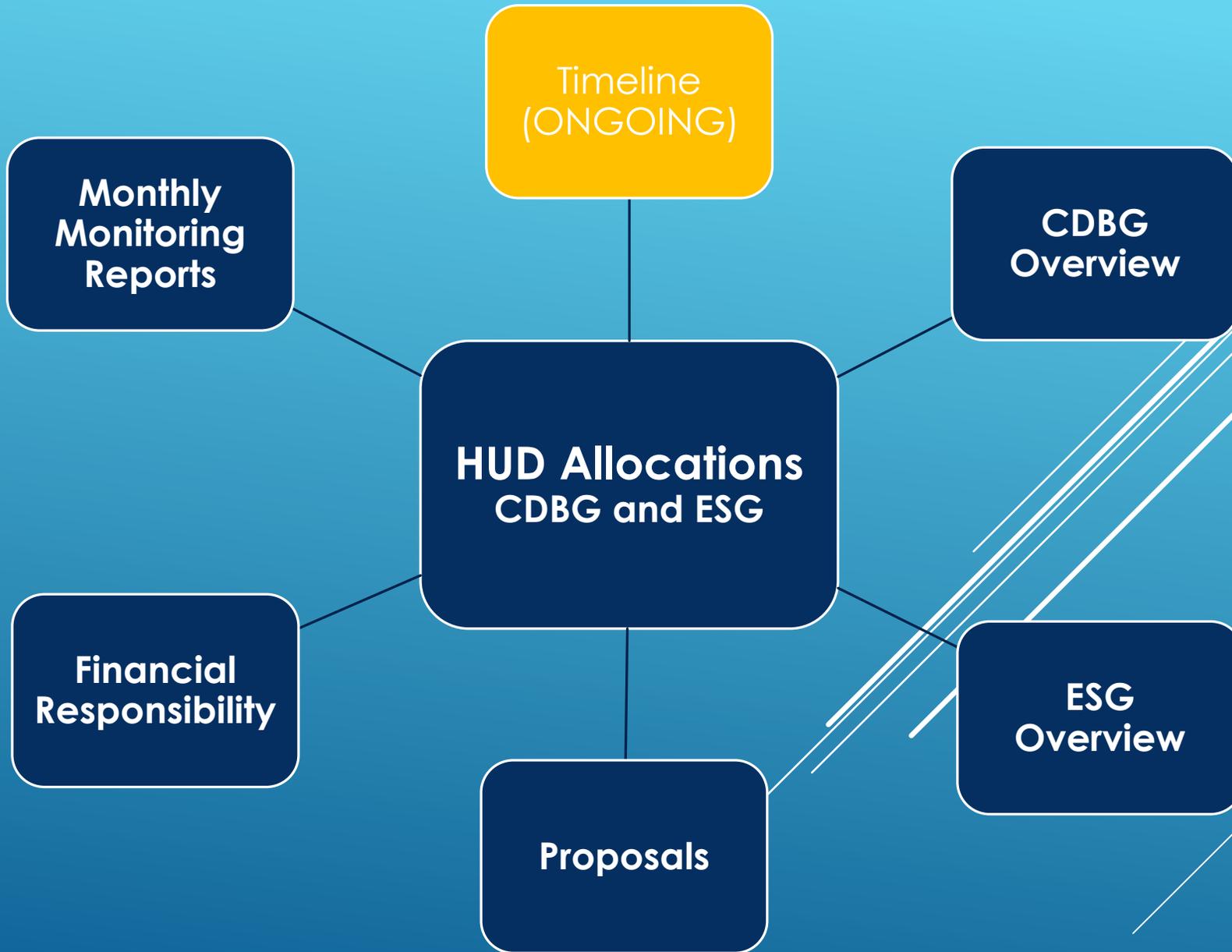
June 27-July 1, 2022 Training Session

CITY OF EVANSVILLE-DEPARTMENT OF METROPOLITAN DEVELOPMENT

812-436-7823

COMMUNITY DEVELOPMENT STAFF

- ❖ Kelley Coures – Executive Director
- ❖ Jane Reel – Deputy Director
- ❖ Kolbi Jackson – Community Development Coordinator
- ❖ Lisa Smith – Finance Officer
- ❖ Gayl Killough– Community Development Specialist
- ❖ Erin Phillips– Community Development Specialist
- ❖ Karina Hampton– Community Development Specialist
- ❖ Haley Hale – Community Development Specialist
- ❖ Glenn Schoenbaechler – Property Inspector



2023 Program Year: July 1, 2023 to June 30, 2024

JUNE 2022

2023 CDBG/ESG
GRANT TRAINING

Sun	M	T	W	TH	F	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	July 1	

JULY 2022

2023 CDBG/ESG PROPOSALS AVAILABLE

Sun	M	T	W	TH	F	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	Aug 1	Aug 2	Aug 3	Aug 4	Aug 5	

Final day to contact CD Staff for Proposal Review

2023 Approved CDBG & ESG Proposals due

2023 PROPOSAL SCHEDULE CONT.

January 2023

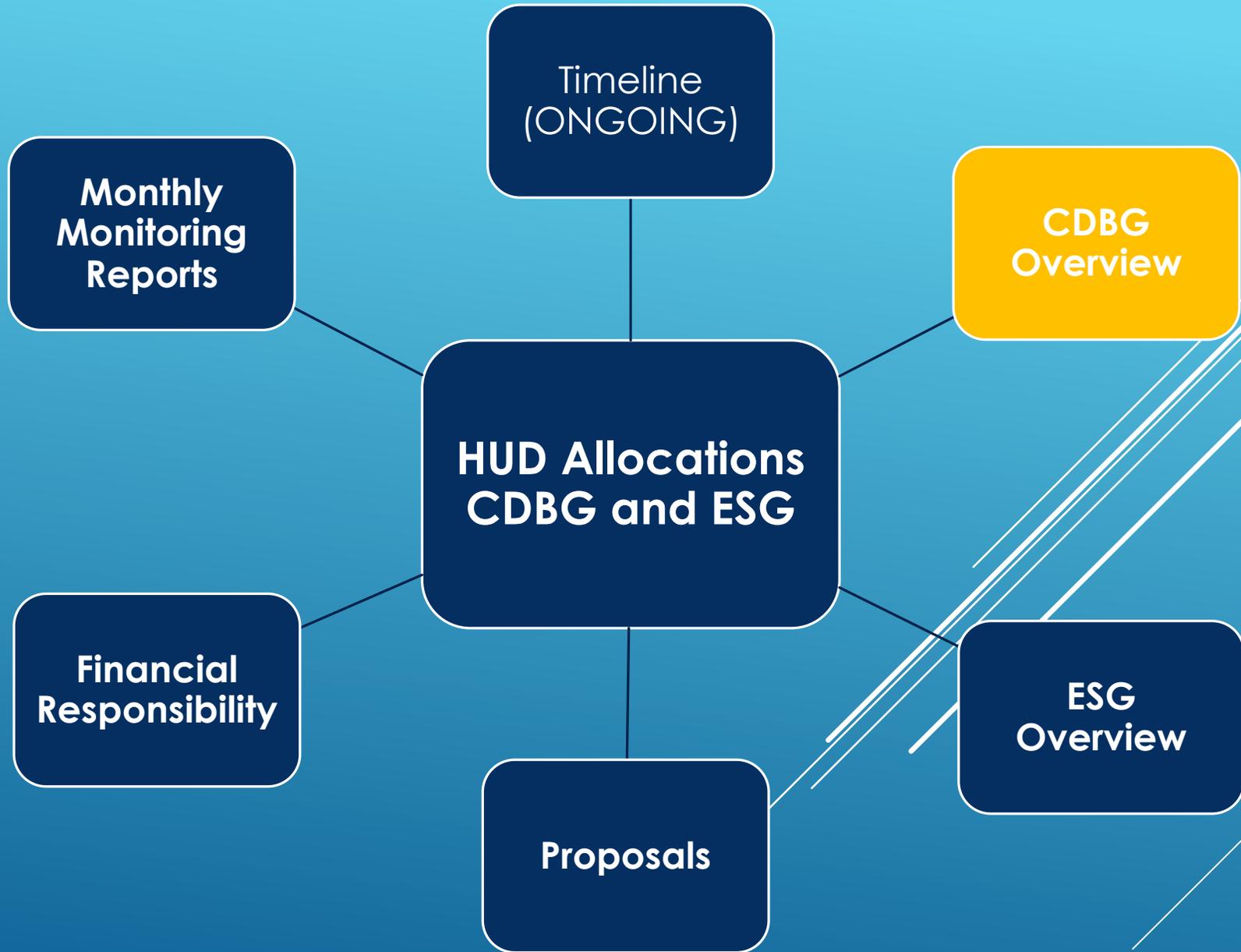
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
			29	30	31	

Tentative date
for CAC
Presentations

March 2023

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26			
30	31					

Tentative date
for City Council
Presentations



HUD RESOURCES

- The City of Evansville must follow HUD Regulations in the use of CDBG funds (Subpart A 570)
- Guidance and links to HUD regulations can be found at the City of Evansville, Community Development website:

www.evansville.in.gov/communitydevelopment

CDBG REVIEW

National Objectives

Activities funded with CDBG must meet one of HUD's 3 National Objectives

1. Benefit Low- and Moderate Income Persons/Households

2. Eliminate Conditions of Slum and Blight

3. Meet a Community Urgent Need (NA)

CDBG REVIEW CONT.

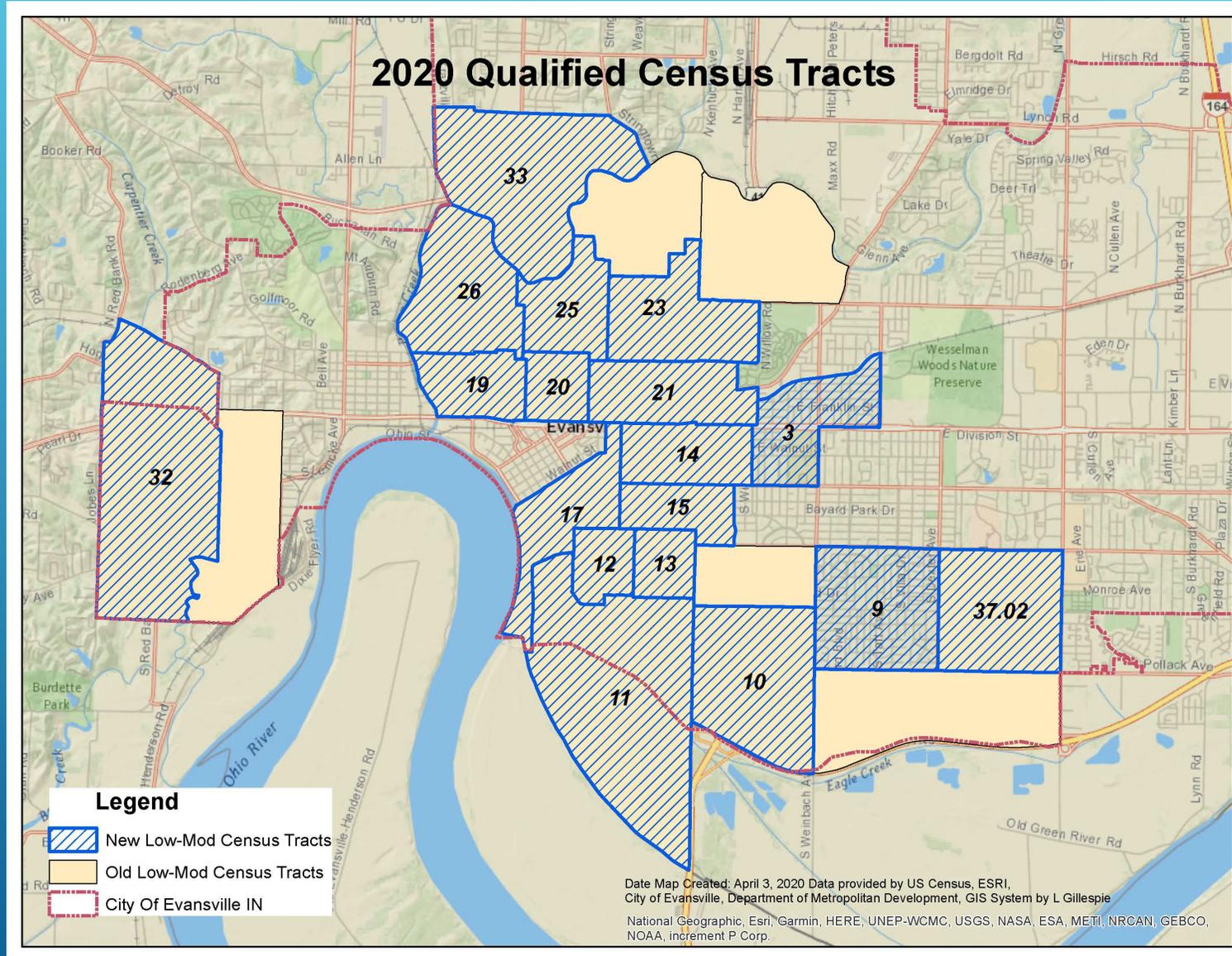
National Objectives

1. Benefit low-and moderate-income (LMI) persons/ households

a) Area benefit activities

- This is an activity which benefits all residents in a particular area, where at least 51% of the residents are LMI persons.

LOW-MOD CENSUS TRACTS



CDBG REVIEW CONT.

National Objectives continued

b) Limited Clientele (LMC) 51% LMI

- Presumed Benefit (LMC/PB)-Must serve certain clientele exclusively:
 - Abused children
 - Elderly (62 years or older)
 - Battered spouses
 - Severely disabled adults
 - Illiterate adults
 - Persons living with HIV/AIDS
 - Migrant farm workers
 - Homeless persons

CDBG REVIEW CONT.

National Objectives continued

c) Housing Benefit (LMH)

- Single Family – 100% LMI
- Multi-Family – 51% LMI

d) Job Creation/Retention (LMJ)

- Where 51% of jobs are taken by or made available to LMI persons

2022 INCOME GUIDELINES

2022 HUD INCOME GUIDELINES

For the Evansville Metropolitan Statistical Area
Median Income - \$83,700
As of April 18, 2022

Number in Household	30 % of Median (Extremely Low Income)	50% of Median (Very Low Income)	80% of Median (Low Income)
1 Person	17,600	29,300	46,900
2 Persons	20,100	33,500	53,600
3 Persons	23,030	37,700	60,300
4 Persons	27,750	41,850	66,950
5 Persons	32,470	45,200	72,350
6 Persons	37,190	48,550	77,700
7 Persons	41,910	51,900	83,050
8 Persons	46,630	55,250	88,400

CDBG ELIGIBLE ACTIVITIES

- Acquisition of Real Property
- Clearance
- Code Enforcement
- Construction of Housing
- Disposition
- Homeownership Assistance
- Interim Assistance
- Loss of Rental Income
- Microenterprise Assistance
- Miscellaneous Other Activities
- Planning and Capacity Building
- Privately-Owned Utilities
- Program Administration Costs
- Public Facilities and Improvements
- Public Services
- Rehabilitation
- Relocation
- Special Activities by CBDOs
- Special Economic Development Activities

CDBG INELIGIBLE ACTIVITIES

The following activities may not be assisted with CDBG funds under any circumstance:

- Buildings or portions thereof, used for the general conduct of government
- General government expenses
- Political activities

CDBG INELIGIBLE ACTIVITIES CONT.

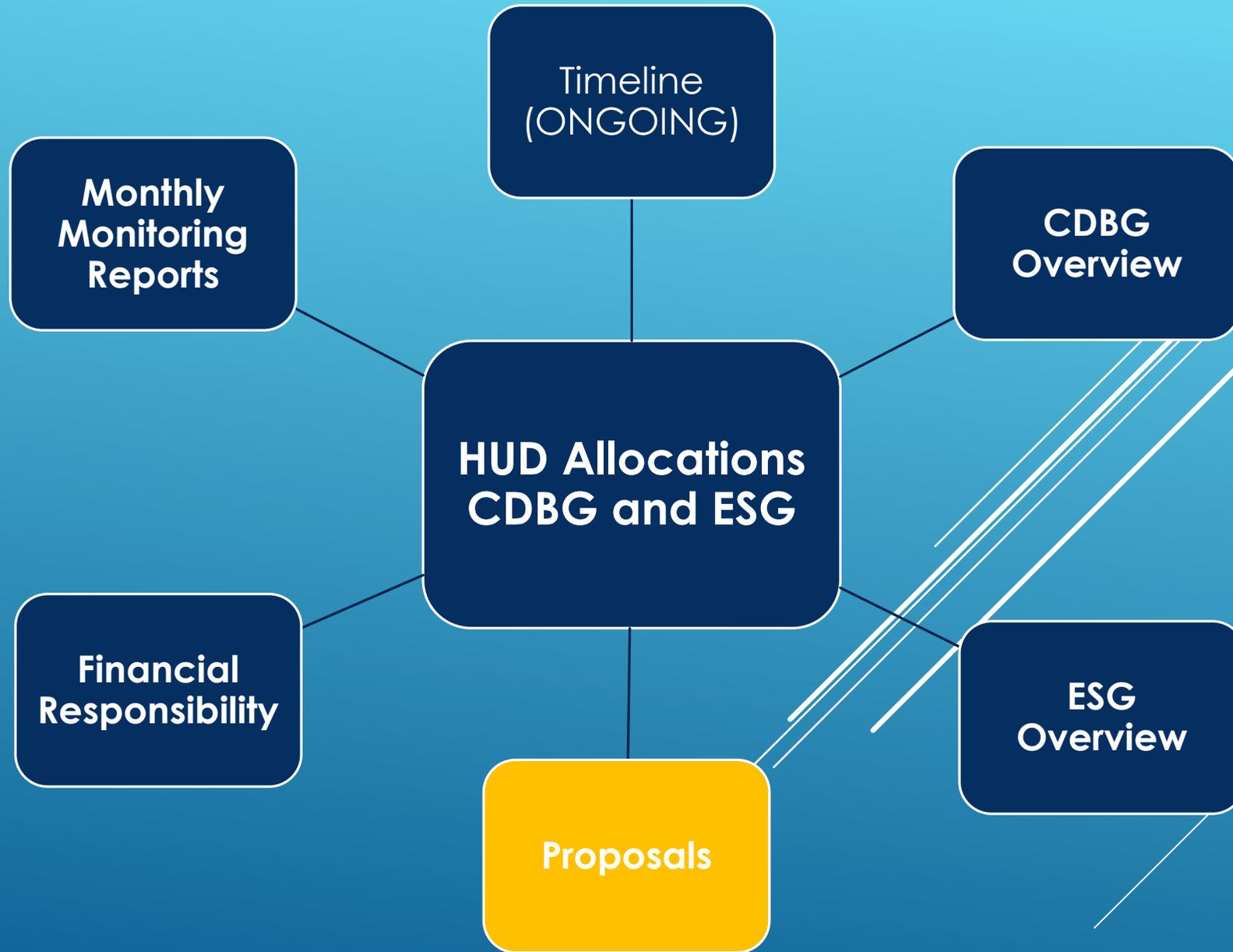
The following activities may not be assisted with CDBG funds unless authorized as Special Economic Development Activities under §570.203 or when carried out by a Community Based Development Organization (CBDO) under the provisions of §570.204.

- Purchase of equipment
 - Construction equipment
 - Fire protection equipment
 - Furnishings and personal property
- Operating and maintenance expenses
- New housing construction
- Income payments

SUMMARY OF CDBG ACTIVITIES

Eligible activities are so broad that it is easy to forget that some things cannot be done under the program.

Some activities will require an Eligibility Review by CD Staff to provide guidance in determining the eligibility of activities frequently associated with housing and community development.



PROPOSALS

- The 2023 CDBG and ESG proposal packets will be available on the City of Evansville, Community Development website by July 5, 2022 at the link below:
- www.evansville.in.gov/cdfederalprograms

- Mayor reviews recommendations
- Presentation of Mayor's recommendations to the City Council
- Final budget action by the City Council

US Department of Housing and Urban Development reviews our programs each year and sends us a report.

2020 Community Development Brochure

Proposals:

2021 CDBG ESG Training Presentation

2021 CDBG and ESG Agency Grant Training Acknowledgement Form

2021 CDBG Proposal Packet

- 2021 CDBG Proposal
- 2021 CDBG Verification Document
- 2021 CDBG Conflict of Interest Questionnaire

2021 ESG Proposal Packet

- 2021 ESG Proposal
- 2021 ESG Verification Document
- 2021 ESG Conflict of Interest Questionnaire

2021 HOME Proposal Packet

- 2021 HOME Proposal
- 2021 HOME Verification Document
- 2021 HOME Conflict of Interest Questionnaire

Manuals: Summaries of how federal programs are to be managed

- 2017 Emergency Solutions Grant Manual I
- 2017 Emergency Solutions Grant Manual II

Plans: Annual plan to address needs identified in the Consolidated Plan

- 2021 Annual Action Plan
- 2021 AP-75 Barriers to Affordable Housing 91.220 (j)
- 2019 Annual Action Plan Final
- AP-75 Action Plan Barriers to Affordable Housing 91.220 (j)
- AP-90 Program Specific Requirements-91.220(l)(1,2,4)
- 2018 Annual Action Plan Final
- AP-75 Action Plan Barriers to Affordable Housing 91.220(j)
- AP-90 Program Specific Requirements-91.220(l)(1,2,4)

SUMMARY OF PROPOSAL:

Both the CDBG and ESG Proposals are divided into (4) sections.

General Information

Project information

Financial

Affiliations and Board of Directors Information

PROPOSALS

PROPOSAL NUMBER	
AGENCY NAME	
PROJECT NAME	

Community Development Block Grant Proposal Form
2023 Proposal Form
 Department of Metropolitan Development
 City of Evansville, Indiana

General Information			
1. Applying Organization Information:			
Organization Name			
Organization Address	Phone Number	E-Mail	
City	State	Zip +4	
2. Contact Person Information: (This person will receive all notices concerning CDBG funds and must be able to answer questions regarding this proposal).			
Name (last, first)	Title		
Mailing Address	Phone		
City	E-mail		
State	DUNS#		
Zip +4	EIN#		
3. Is the applicant organization a 501(c) (3) or 501(c) (4)? If YES, submit IRS Determination Letter and Federal I.D. Number, and the State Entity Annual Report stating the applicant is currently a 501(c) (3) or (4).			
Yes	No	Pending	
3-a. Is your agency a Community Based Development Organization (CBDO)? If so provide most recent letter of certification.			
Yes	No		
4. Is your agency currently registered with System for Award Management (SAM)? (SAM.gov) Provide proof of current status with SAM			
Yes	No		
5. How many years has this organization been in existence?			
5-a. How many years has this project been in existence?			
6. Project Name:			
6-a. Project Location: (Street Address, City, State, Zip)			
7. CDBG Amount Requested for this project:			\$
7-a. CDBG Percentage of total project costs:			%

FOR ADMIN USE ONLY
PERFORMANCE OBJECTIVE:
PERFORMANCE OUTCOME:

PROPOSAL NUMBER	
AGENCY NAME	
PROJECT NAME	

Emergency Solutions Grant Proposal
2023 Proposal Form
 Department of Metropolitan Development
 City of Evansville, Indiana

General Information			
1. Applying Organization Information:			
Organization Name			
Organization Address	Phone Number	E-Mail	
City	State	Zip +4	
2. Contact Person Information: (This person will receive all notices concerning ESG funds and must be able to answer questions regarding this proposal).			
Name (last, first)	Title		
Mailing Address	Phone #		
City	E-mail		
State	DUNS#		
Zip+4	EIN#		
3. Is the applicant organization a 501(c) (3) or 501(c) (4)? If YES, submit IRS Determination Letter and Federal I.D. Number, and the State Entity Annual Report stating the applicant is currently a 501(c) (3) or (4).			
Yes	No	Pending	
3 a. Does your agency attend the Homeless Services Council of Southwest Indiana meetings at least 75% of the time? If NO, please explain below			
Yes	No		
4. Is your agency currently registered with System for Award Management (SAM)? Provide proof of current status with SAM			
Yes	No		
5. Project Name:			
6. ESG Amount Requested for this project			\$
6 a. ESG Percentage of total project costs			%

FOR ADMIN USE ONLY
PERFORMANCE OBJECTIVE:
PERFORMANCE OUTCOME:

PROPOSALS

- ▶ There are several additional documents included with grant proposals
 - ▶ Separate Verification Page – Original signature required
 - ▶ Conflict of Interest Questionnaire – complete one for each program submitted

ALL DOCUMENTS LISTED ABOVE WILL BE AVAILABLE ON THE CITY WEBSITE AS OF JULY 5, 2022.

PROPOSAL

PROPOSAL NUMBER	
AGENCY NAME	
PROJECT NAME	

2022 CDBG PROPOSAL VERIFICATION

Agency Name	Project Name
-------------	--------------

I hereby affirm and certify that the information and representations of fact made in this proposal are true and complete.

Signature	Date
-----------	------

Print Signature

FOR ADMIN USE ONLY

Witness By (signature)

Witness By (print)

PROPOSAL

Agency/Applicant: _____

Project: _____

CONFLICT OF INTEREST QUESTIONNAIRE

- 1) Is there any member(s) of the applicant agency's staff, board of directors, or governing body who is currently or has been within one year of the date of this application an employee, consultant, or City Councilperson for the City of Evansville? Yes No

If yes, please list name(s), job title and/or role below:

- 2) Will the requested funds be used to award a subcontract or any other financial assistance to any individual or business affiliate who is currently or within one year of the date of this application an employee, consultant, or City Councilperson for the City of Evansville or the applicant agency? Yes No

If yes, please list name(s), job title, and/or role below:

- 3) Will the requested funds be used to award a subcontract or any other financial assistance to any individual or business affiliate who is an immediate family member of an employee, consultant, or City Councilperson for the City of Evansville or the applicant agency? Yes No

If yes, please list name(s), job title, and/or role below:

- 4) Based on the information provided herein, does the applicant foresee any other potential or perceived conflict of interest? Yes No

If yes, please explain:

Signature: _____

Date: _____

SUMMARY OF REQUIRED ATTACHMENTS

- ▶ Current 501 C (3) or 501 C (4) Documents
- ▶ CBDO Certification letter (if applicable)
- ▶ Most recent Audit report
- ▶ Resumes, etc....
- ▶ Current MOU's (if applicable)
- ▶ Complete List of Board Members
- ▶ Policy and Procedures for Board Member participation
- ▶ Conflict of Interest Statement

PROPOSAL SUBMITTAL PROCESS

- ▶ Attendance at Proposal training session is mandatory
- ▶ Proposals available on City website by July 5th
- ▶ Complete Proposal and schedule review appointment with assigned CD Specialist
- ▶ After review appointment with CD Specialist, make edits as needed and submit **Word format ONLY** copy of proposal via email to Specialist. Include all supporting documentation as required with final proposal.
- ▶ **Deliver final, signed copy of proposal** with \$20.00 fee (**checks required, no cash or personal checks**) for **each** proposal submitted to DMD, Room 306 Civic Center Complex by 4:00 pm on August 5th .
- ▶ Checks to be made out to the Department of Metropolitan Development (include description in memo line)
- ▶ **Application fee is NOT reimbursable**

PROPOSAL TIMELINE

- Agency **Mandatory** Appointment with CD staff for Proposal review: **July 5th to July 29th**

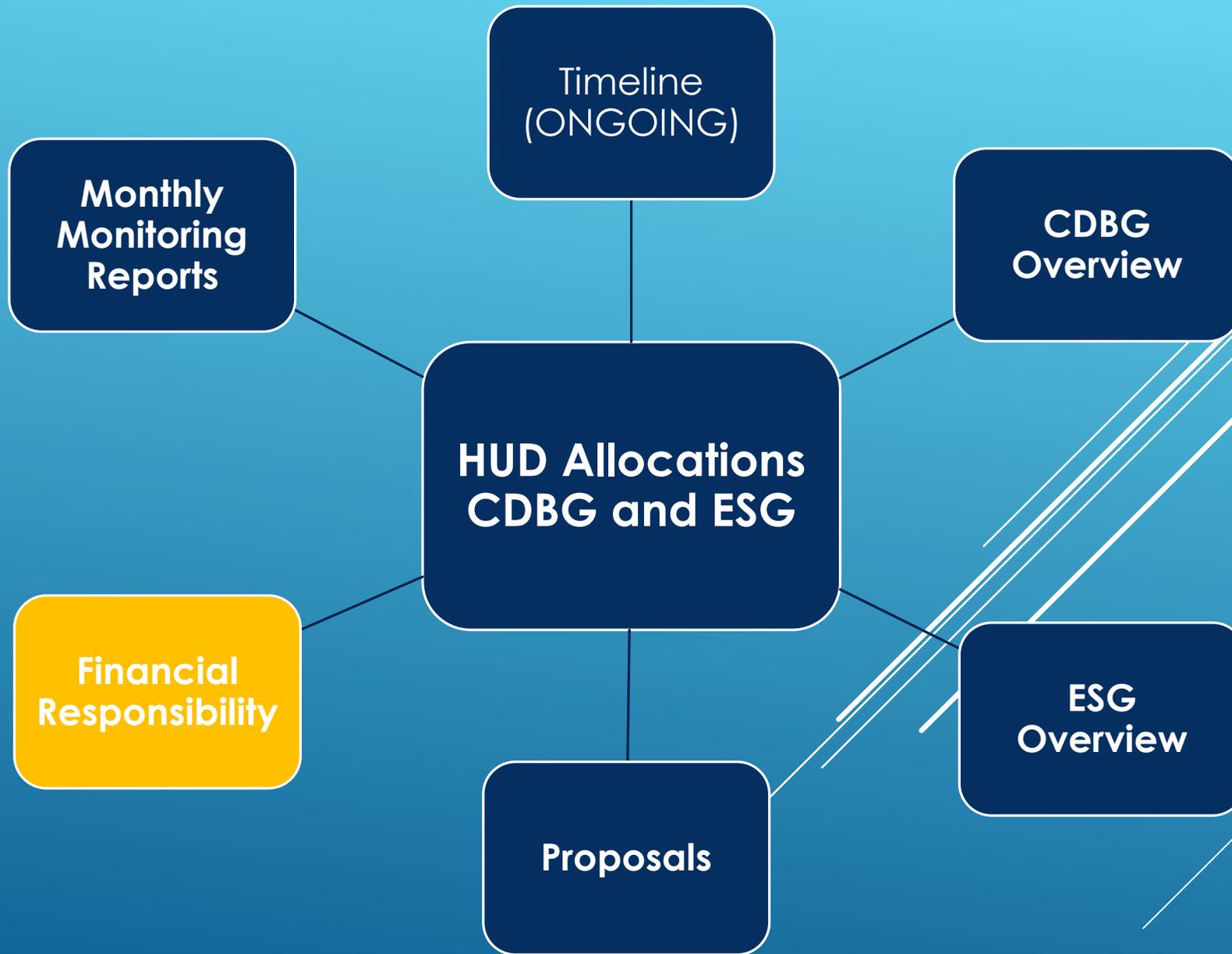
JULY 2022

Sun	M	T	W	TH	F	Sat
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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

AUGUST 2022

Sun	M	T	W	TH	F	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- 2023 Approved Proposals due: **August 5th**





FINANCIAL RESPONSIBILITY

- ❖ Introduction
- ❖ Overview
- ❖ Claims Process
 - Example of Claim Packet
 - Common issues with Claim Submissions
- ❖ Monthly Monitoring Reports
- ❖ Reconciliation Responsibilities
- ❖ Audits
- ❖ SAM Registration
- ❖ Wrap-up

INTRODUCTION

- ❖ Lisa C. Smith, Finance Officer
Department of Metropolitan
Development
812-436-7807
lismith@evansville.in.gov

OVERVIEW

The City of Evansville (COE), the Department of Metropolitan Development (DMD)....

- ❖ ...follow Indiana State Board of Accounts guidelines for accounts payable processing.
- ❖ ...its agencies and subrecipients, must comply with the Office of Management and Budget Guidance (Code of Federal Regulations) 2 CFR Part 200, the "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards."
- ❖ ...and HUD expect that subrecipients will comply with all applicable Federal requirements, document your performance, and follow effective accounting and management practices.

Simply stated, Federal and State requirements are in place that specify how DMD is required to disburse these funds.

CLAIMS PROCESS

- ❖ Before any claim can be processed the agency must submit an approved budget. Budgets **MUST** contain the anticipated amount and type of expense requested for reimbursement. Please be specific; Payroll, rent, supplies, etc. If an unbudgeted expense is listed for reimbursement the claim will not be paid until a revised budget is submitted and approved by DMD, which, in turn will prolong the payment of the claim.
- ❖ Once your budget is approved you will receive a Notice to Proceed, Purchase Order, and an Operating Agency Invoice Template. You may begin submitting claims for expenses incurred during the new contract period starting 7/1/2023 – 6/30/2024.

CLAIMS PROCESS

- ❖ The Operating Agency Invoice Template will be prefilled with part of the agency invoice #, agency name, address, account #, and PO #.
- ❖ Each claim submitted will be required to have four (4) sections; which is referred to as a Claim Packet and must be submitted in this order.
 1. Copy of Purchase Order
 2. Operating Agency Invoice
 3. Supporting Documentation
 4. Proof of Funds Expended
- ❖ Claims are paid on a reimbursement basis. Agencies must show proof of expended funds via cancelled check and/or bank statement
- ❖ Redact any sensitive information-ex. Social Security Numbers, Date of Birth, Addresses of Employees, Bank Account Numbers

Claims Process-How To Submit Invoices For Reimbursement

HOW TO SUBMIT INVOICES FOR REIMBURSEMENT

To the Department of Metropolitan Development
812-436-7823

Overview: In order to receive awarded grant funds, grant recipients must submit claims or "invoices" to The City of Evansville (COE) via The Department of Metropolitan Development (DMD) for reimbursement. HUD grants awarded are Reimbursable Grants; which means that proof of agency expenditure is required before reimbursement. COE, DMD, its agencies, and subrecipients must all comply with 2 CFR 200, the "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards". Simply stated, Federal and State requirements are in place that specify how we can disburse these grant funds. It is **expected** that all subrecipients will comply with all applicable Federal Requirements, document their performance, and follow effective accounting and management practices. DMD and all Subrecipients or Agencies are subject to audits and if errors or findings are found (ex. insufficient documentation, math errors, ineligible expenses) HUD may request the grant funds be returned. For these reasons, we ask that **ALL Agencies strictly adhere to the following instructions when submitting invoices for reimbursement.**

Submitting an Invoice: Invoices are paid on a reimbursement basis. Agencies must show proof of paid expense in order to be reimbursed. Each invoice submitted will be required to have four (4) sections; however, additional information may be required based on type of program. The sections are submitted in this order:

1. **Copy of Agency Purchase Order** issued by the COE
2. **Operating Agency Invoice Form** must be correctly filled out and be signed and dated by the agency representative
3. **Supporting documentation** should include a Summary Sheet (that the agency prepares), invoice copies, receipts, time cards, and payroll reports with the items for reimbursement marked with an assigned identifier and amounts **highlighted**
4. **Copies of cancelled checks** (front and back) **or proof of ACH payment** verifying that the expenses have cleared the Agency's bank account. If credit card was used in place of a check, please provide credit card statement and proof of payment

Helpful Hints:

- ❖ Agencies must submit Monthly Monitoring Reports (MMR) monthly with their claim submissions in order to fulfil grant contract requirements.
- ❖ Agencies are to submit invoices on the 15th day of each month.
- ❖ When requesting reimbursement for mileage, a mileage log with beginning and ending figures, total of miles driven, destination, and purpose of trip is **required**.
- ❖ It is important that the information be submitted in a legible and concise order that matches the order of the Operating Agency Invoice Form.
- ❖ Only single-sided documents will be accepted.
- ❖ **REMEMBER:** Incorrect or incomplete submissions will delay your reimbursement.

- ❖ All claims are to be **HAND-DELIVERED OR MAILED VIA USPS** to the following address:

Department of Metropolitan Development
1 NW Martin Luther King Jr. Blvd, Room 306
Evansville, IN 47708-1869

- ❖ **DO NOT** submit invoices directly to your CD Specialist. All invoices are to be submitted to the DMD Front Desk for Received Date Stamping.
- ❖ If invoices are missing documents or are incomplete, the agency will be contacted for corrections/resubmissions.
- ❖ Resubmissions, whether to correct the Operating Agency Invoice Form or to add requested source documentation, must be received by the Community Development Staff in a timely manner. If thirty (30) days or more have passed since the request for additional information, the Agency will be asked to resubmit a completely **NEW** Invoice.
- ❖ Email or digital submissions of Invoices are not accepted. ***Exception:** requested resubmission documents. CD staff will notify agency if digital format is accepted.
- ❖ The Grant Year starts on **July 1st** no matter when Federal Funds are received. Invoices for services (not construction) can be submitted immediately after you receive the Notice to Proceed and Purchase Order.
- ❖ **DO NOT** staple your documents prior to submission. We digitize all claims.
- ❖ Invoices are public records. Please redact all social security numbers, birthdates, and bank account numbers.
- ❖ Copies must be legible and the entire document is visible on the copy.
- ❖ Ineligible Expenses:
 - a. Application Fees, past due amounts, late fees and finance charges
 - b. Taxes for non-profits with the exception of payroll taxes and hotel taxes
 - c. Gifts, refreshments, etc. for staff and volunteers
 - d. No duplication of services-the same expense cannot be claimed against more than one grant
- ❖ When more than one program is provided through an agency, all expenses must be prorated between the programs. (ex. Rent, utilities, supplies) Each program will only be reimbursed for a portion of the total overhead expenses.
- ❖ **WHEN IN DOUBT, CONTACT YOUR COMMUNITY DEVELOPMENT SPECIALIST (CDS)!**
- ❖ New HUD guidance and a continuous review of internal policies and procedures may cause claim procedures to change at any given time.

Financial Contact/Agency Representative _____ Title _____ Date _____
Agency _____

EXAMPLE OF CLAIM PACKET

- Section 1 - Agency Purchase Order



Bill To
 657
 DEPARTMENT METRO DEVELOPMENT
 1 NW ML KING JR BLVD
 ROOM 306
 EVANSVILLE, IN 47708

Purchase Order

Fiscal Year 2021 Page: 1 of 1

THIS NUMBER MUST APPEAR ON ALL INVOICES,
 PACKAGES AND SHIPPING PAPERS.

Purchase Order # **20215724**

Delivery must be made within doors of specified destination.

Vendor
 BOYS & GIRLS CLUB OF EVANSVILLE
 INC
 P.O. BOX 6311
 EVANSVILLE, IN 47719-0311

Ship To
 DEPARTMENT METRO DEVELOPMENT
 1 NW ML KING JR BLVD
 ROOM 306
 EVANSVILLE, IN 47708
 Phone: 812-436-7823
 Fax: 812-436-7809

VENDOR PHONE NUMBER	VENDOR FAX NUMBER	REQUISITION NUMBER	DELIVERY REFERENCE
425-2311		20216282	

DATE ORDERED	VENDOR NUMBER	DATE REQUIRED	FREIGHT METHOD/TERMS	DEPARTMENT/LOCATION
11/10/2021	389			DMD/METRO DEVELOPMENT

NOTES

The Above Purchase Order Number Must Appear On All Correspondence - Packing Sheets And Bills Of Lading

ITEM #	DESCRIPTION / PART #	QTY	UOM	UNIT PRICE	EXTENDED PRICE
1	4826-BOYS & GIRLS CLUB-FULTON SQUARE 22267220 - 439050				
				\$17,400.00	\$17,400.00

This Order Issued in Compliance With the Laws of the State of Indiana.

Total Ext. Price	\$17,400.00
Total Sales Tax	\$0.00
Total Freight	\$0.00
Total Discount	\$0.00
Total Credit	\$0.00
Purchase Order Total	\$17,400.00


 Authorized Signature

PURCHASING COPY

EXAMPLE OF CLAIM PACKET

- **Section 3 - Source Documentation SUMMARY SHEET**

A Summary Sheet is a spreadsheet that the agency prepares with a breakdown of all expenses with check numbers. The summary sheet should include original invoice amounts and the amount being claimed. It must be organized in the same order as the line items on the Operating Agency Invoice Form.

- ❖ Please assign an assigned identifier to each expense and record that number on the supporting docs including Vendor Invoice, and Check copies. (See Examples #1 & 2)
- ❖ For salaries, show total hours worked for the pay period (including any non-program hours) and total program hours claimed with hourly wage for claimed hours per employee. (See Examples #1 & 2); also marked with the assigned identifier.

EXAMPLE OF CLAIM PACKET

- **Section 3 - Source Documentation**

- ❖ **For Expenses- Copies of Vendor Invoices & Receipts; that show date of invoice, total invoice amount, the amount claimed, and the assigned identifier-clearly marked.**

- ❖ **For Salaries- 2 required forms-time card for each employee and Payroll Report**

1. **Time Cards – signed by employee and supervisor, (HUD requirement)** that show total time worked. The agency is responsible for providing time tracking documentation for any employee that works on more than one program.

2. **Payroll Reports from 3rd Party Vendor (in-house payroll reports only with prior authorization)**

Claim Packet- Example of actual vendor invoice with cancelled check

Kingery & Associates, Inc.
1347 Hwy 1
PO Box 428

Invoice

Date	Invoice #
1/26/2022	32132

Bill To

[Redacted]

Ship To

[Redacted]

P.O. Number	Terms	Due Date	Rep	Via	F.O.B.
	Net 15	2/10/2022	RGK		DELIVERED
Quantity	Item Code	Description	U/M	Price Each	Amount
77	002	12/15.5 SALSA	CS	7.20	554.40
44	005	12/24 PASTA SAUCE	CS	7.20	316.80
51	003	24/14.5 STEWED TOMATOES	CS	7.20	367.20
340	001	24/15 TOMATO SAUCE	CS	7.20	2,448.00
340	004	24/14.5 WHOLE PEELED TOMATOES	CS	6.60	2,244.00
595	005	24/14.5 DICED TOMATOES	CS	6.60	3,927.00
Total					\$9,857.40

Phone #	Fax #	E-mail
6183823347	(618) 382-3950	tsisco@grocerytraders.com

[Handwritten Signature]

\$9,857.40
(6,057.40)
\$3,800.00

A

OLD NATIONAL BANK
EVANSVILLE, IN 47706
71-1863
18249

PAY: ****Nine Thousand Eight Hundred Fifty Seven US dollars and 40/100

TO THE ORDER OF: Kingery & Associates
1347 Highway 1
PO Box 428
Carmi, IL 62821

DATE: February 10, 2022
AMOUNT: \$*****9,857.40

[Handwritten Signature]

For Deposit Only
Kingery & Associates, Inc.
Depositor Only

DATE: _____

AMOUNT: _____

DEPOSIT TO: _____

DEPOSIT FROM: _____

DEPOSIT TYPE: _____

DEPOSIT DATE: _____

DEPOSIT AMOUNT: _____

DEPOSIT BY: _____

DEPOSIT FOR: _____

DEPOSIT TO: _____

DEPOSIT FROM: _____

DEPOSIT TYPE: _____

DEPOSIT DATE: _____

DEPOSIT AMOUNT: _____

DEPOSIT BY: _____

DEPOSIT FOR: _____

A

EXAMPLE OF CLAIM PACKET

Section 3 (Example #2) Salary Summary Spreadsheet With Assigned Identifier

CDBG Detail of Salaries & Wages

Purchase Order: 20235438

Invoice: 20-22267204-02

Claim covers salaries for
the period: 7/1/2023 TO 6/30/2024

VERY IMPORTANT



Week Ending Date	Check #	Title/ Position	Employee Name	Total Number of Hours Worked	Eligible Program Hours	Hourly Wage	Current Amount Claimed	Amount Claimed To Date	Assigned Identifier
7/8/2023	4251	Finance Officer	Smith, Lisa C	40	20	\$20.00	\$400.00	\$800.00	A
7/8/2023	4252	Deputy Ex Director	Reel, Jane	40	10	\$25.00	\$250.00	\$500.00	B
7/8/2023	4253	CD Coordinator	Jackson, Kolbi	40	23	\$23.00	\$529.00	\$1,058.00	C
7/22/2023	4356	Finance Officer	Smith, Lisa C	40	20	\$20.00	\$400.00	\$800.00	D
7/22/2023	4357	Deputy Ex Director	Reel, Jane	40	10	\$25.00	\$250.00	\$500.00	E
7/22/2023	4358	CD Coordinator	Jackson, Kolbi	40	23	\$23.00	\$529.00	\$1,058.00	F
TOTAL CLAIMED							\$2,358.00	\$4,716.00	

Claim Packet-
 Example of actual
 Payroll claim
 summary sheet

CDBG Detail of Salaries & Wages

CDBG Agency: Boys & Girls Club of Evansville – FULTON SQUARE
 Purchase Order: 20215724
 Invoice: 21-22267220 – 11
 Claim covers dates: 3/21/2022 – 4/17/2022

Title/Position	Employee Name	Total Number of Hours	Eligible Hours	Hourly Wage	Current Amount Claimed	Amount Claimed to Date
Unit Director	[REDACTED]	160	100	[REDACTED]	[REDACTED]	\$14,184.98
Program Aide	[REDACTED]	--	--	[REDACTED]	[REDACTED]	\$1,664.85
Totals:					[REDACTED]	\$15,849.83

Claim Packet-
Example of actual
Payroll claim
submission

Direct Deposit Preview - Direct Deposit Preview

Boys & Girls Club of Evansville, Inc
700 Bellemeade Ave
PO Box 6311
EVANSVILLE, IN 47713
(812) 425-2311

Voucher Date: 4/8/2022 12:00:00AM
Voucher Number: 5516

Direct Deposit Advice

*** This is not a check ***

Direct Deposit Voucher:
0387 1211 04/09/22 5516

Direct Deposit Amount: [REDACTED]

Direct Deposit Preview - Direct Deposit Preview

Jonathon S. Roland April 08, 2022 5516

Emp Id	[REDACTED]	Loc	200-1	Period Begin	03/21/22	Net Pay	[REDACTED]
SSN	[REDACTED]	Hire Date	02/23/16	Period End	04/03/22	Dir Dep	[REDACTED]
		Status	A	Check Type	Reg		

Earnings Summary

			Amt	
Total Gross Pay			[REDACTED]	
Regular			[REDACTED]	
Taxes	Status	Taxable	Current Amt	Ytd Amt
Federal Income Tax	S-0	1,346.16	133.56	934.92
OASDI		1,346.16	83.46	584.23
Medicare		1,346.16	19.52	136.74
Indiana SITW		0.00	0.00	0.00
Kentucky SITW	S	1,346.16	61.98	378.36
Vanderburgh, IN (Non)		1,346.16	16.15	113.05
			314.67	2,147.20

Payment Summary for Voucher 5516

Total Gross Pay	[REDACTED]
Federal Taxes	-236.54
State and Local Taxes	-78.13
Other Deductions	-25.00
Net Pay	[REDACTED]
Direct Deposits	[REDACTED]
Net Check	[REDACTED]

50 hrs.
w/ clients
+ 841.00

Other Deductions from Pay

	Current Amt	Ytd Amt
Roth Deduction	25.00	175.00
	25.00	175.00

Direct Deposits

Bank: [REDACTED]
Independence Bank of [REDACTED]

Additional Information

Time Off Balances

A

EXAMPLE OF CLAIM PACKET

Section 4 – Proof of Expenditure-Bank Activity REQUIRED FOR REIMBURSEMENT

1. *Copies of Cancelled Checks front and back*
2. *Copy of Bank Statement with cancelled check or ACH withdrawal highlighted*
3. *If expense is paid by Credit Card, a copy of credit card statement and cancelled check paying credit card bill are required.*
4. All labeled with the assigned identifier.

****Redact any non-public information-ex. Social Security Numbers, Date of Birth, Addresses of Employees**

Claim Packet- Example of actual bank statement submission

OLD NATIONAL BANK
P. O. Box 718
Evansville, IN 47705

BUSINESSPARTNER CHECKING	
ACCOUNT INFORMATION	
DATE	04/30/2022
ACCOUNT NUMBER	[REDACTED]

PAGE 3 OF 5

WITHDRAWALS AND OTHER DEBITS (continued)			
DATE	TRACER	TRANSACTION DESCRIPTIONS	AMOUNT
04/07	1097	0387 BOYS & GIRL DIRDEP BOYS & GIRLS CLUB OF E	Payroll 4/8 -\$18,999.47

OLD NATIONAL BANK
P. O. Box 718
Evansville, IN 47705

BUSINESSPARTNER CHECKING	
ACCOUNT INFORMATION	
DATE	04/30/2022
ACCOUNT NUMBER	[REDACTED]

PAGE 3 OF 5

WITHDRAWALS AND OTHER DEBITS (continued)			
DATE	TRACER	TRANSACTION DESCRIPTIONS	AMOUNT
04/21	1111	0387 BOYS & GIRL DIRDEP BOYS & GIRLS CLUB OF E	Payroll 4/22 -\$18,577.60

COMMON ISSUES WITH CLAIM SUBMISSIONS

- ❖ Insufficient Monthly Monitoring Reporting (MMR) to back-up claim submissions. We must have record of grant accomplishments in order to pay claims. Remember the **BIG PICTURE!**
- ❖ Documentation is insufficient for approval - make sure all source documentation for eligible expenses is included in submission. (ex. PO, Agency Inv, Vendor Inv, Payroll Reports and time cards, cancelled checks, credit card statements with proof of payment, and bank statements)
- ❖ Ineligible Expenses – Only items listed in your SUBMITTED & APPROVED Budget are eligible for reimbursement. Application fees, late fees, finance charges, sales taxes for non-profits are NOT eligible for reimbursement.
- ❖ Confidential information NOT REDACTED – ex. Birthdates, Social Security numbers, employee addresses, & bank account numbers

COMMON ISSUES WITH CLAIM SUBMISSIONS-Cont.

- ❖ Documentation not in a logical order based on the Operating Agency Invoice Form and Summary Sheet. All source docs must be in the order of summary sheets so that it can be quickly and easily verified by multiple people as the claim packet moves through the approval process.
- ❖ Claim submissions DOUBLE-SIDED – Single-sided copies ONLY.
- ❖ Claim submissions STAPLED – DO NOT STAPLE documents; All docs are digitized before processing.



MONTHLY MONITORING REPORTS

- ❖ Monthly Monitoring Reports are critical in the grant award process.
- ❖ In order to be in compliance with HUD regulation, CD Staff must input all collected monitoring data in the Integrated Disbursement and Information System (IDIS) from the Monthly Monitoring Reports received.
- ❖ While this system is the basis for requesting funds from HUD, it is also the reporting mechanism to Congress on the accomplishments of HUD grant funds. Future grant award amounts are affected by the information entered into IDIS.

ANY AGENCY THAT RECEIVES A FEDERAL GRANT HAS REQUIRED **RECONCILIATION RESPONSIBILITIES**



- ❖ Agencies *must* maintain spreadsheets that reconcile all Grant Activities, updated upon each invoice submission. This should include an accounting of the amount of funds granted, amount of funds claimed, and remaining balance of grant funds available to claim. The Summary sheets will be very helpful in keeping this Reconciliation current.
- ❖ In order to easily reconcile and to speed the reimbursement process, Agencies **MUST** submit claims on a monthly basis; due by the 15th of every month.

AUDITS

All Federal Grant Programs are subject to AUDIT

- ❖ When spending \$750,000 or more in “Federal Awards” per year, specific rules apply.
- ❖ Grantees & Sub-recipients must adhere to Omni Circular Part 200 Subpart F – Audit Requirements.
- ❖ When any Audit is performed, a copy of said Audit must be forwarded to your CD Specialist upon completion.
- ❖ *PLEASE ADVISE YOUR AUDITOR OF THESE REQUIREMENTS*

SAM REGISTRATION

- ❖ **Per the Quick Start Guide for Contract Registrations pamphlet, “SAM.gov is an official website of the United States government. There is NO charge to register or maintain your entity registration record in SAM.gov.”**
- ❖ **A SAM Registration is required for any contractor, organization or individual desiring to do business with the government. With this registration, you are allowed to bid on government contracts and apply for federal assistance.**
- ❖ **Upon registration, you will be assigned a Unique Entity ID number. This UEI number is now used in place of the DUNS Number. This UEI number will now be required for all contracts with The City of Evansville.**

SAM REGISTRATION

- ❖ When registering, make sure that you mark your information “for public display”; this public display will not include any private account information. If this option is not checked, we cannot verify your eligibility and it may not be visible to others looking for registered contractors.
- ❖ Registration must be renewed yearly for it to remain active.
- ❖ For help with registration or questions, please contact Jim Haddan with Indiana Procurement Technical Assistance Center, also referred to as “PTAC”. Contact Information for Jim Haddan:

Mobile: (812) 340-5174

Email: jhaddan@iedc.in.gov

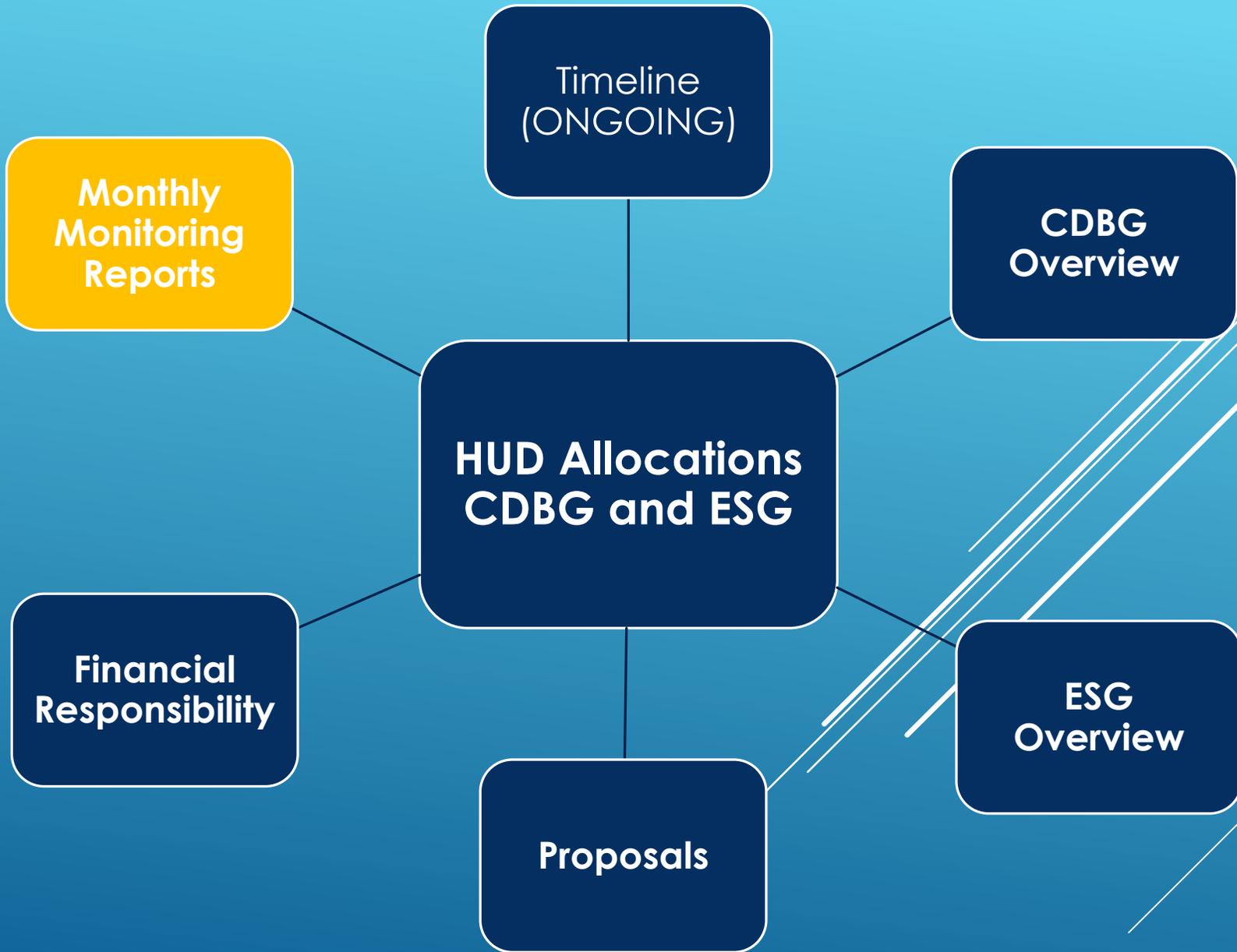
318 Main Street, Ste 401 Evansville, IN 47708

WRAP-UP

- ❖ Make sure you have a Handout:
HOW TO PROPERLY SUBMIT INVOICES FOR REIMBURSEMENT
- ❖ Good News! Additional Review of the Claims Submissions Processes can be available when Contracts are signed. Please let CD Staff know if you need to take advantage of this opportunity.
- ❖ When in doubt contact your Community Development Specialist
- ❖ REMINDER: New HUD guidance and a continuous review of internal policies may cause claim procedures to change at any given time.
- ❖ Lisa C. Smith
email: lismith@evansville.in.gov
Phone: 812-436-7807



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MONTHLY MONITORING REPORTS

CDBG MONTHLY MONITORING REPORTS-**DUE MONTHLY!**

- HMIS where applicable

There are (3) versions of the CDBG Monthly Monitoring Report which will be provided once project has been funded.

Limited clientele – Presumed Category Data

Limited clientele – Client Income Data

Limited clientele-Nature and Location

PRESUMED CATEGORY MONITORING REPORTS

The Monthly Monitoring Report for Presumed Category Programs contains tracking information as defined by HUD.

HUD Defined Presumed Category	Monthly	Yearly
Abused Children		
Battered Spouses		
Disabled Adults		
Homeless Persons		
Illiterate Adults		
Persons with AIDS		
Migrant Farm Workers		
Elderly Centers		
Other Elderly Services		
Total*		

CLIENT INCOME MONITORING REPORTS

The Monthly Monitoring Report for Client Income defined Programs contains tracking information as defined by HUD.

Income level based on Area Median Income for new/unduplicated served	Monthly	Yearly
0-30%		
31-50%		
51-80%		
81% +		
Total* new/unduplicated served*		

Nature & Location Monitoring Reports

- Only tracks client race and ethnicity

Race:	Monthly			Yearly		
	Hispanic	Not Hispanic	Total	Hispanic	Not Hispanic	Total
White						
Black/African American						
Asian						
American Indian/Alaska Native						
Native Hawaiian/ Other Pacific Islander						
American Indian/Alaska Native & White						
Asian & White						
Black/African American & White						
American Indian/Alaska Native & Black/African American						
Other not listed above						
Total*						

DATA TRACKING TOOLS

The Monthly Monitoring Reports contains (2) additional data collections items:

1.) Does your agency keep a waiting list for this program? Yes, No or Not Applicable

If a waiting list is kept, how many individuals are listed?

2.) Does your agency deny service for any reason? Yes, No or Not Applicable

If denial has been issued, has formal notice been provided? Yes or No

PROGRAM MONITORING

- ▶ (3) Potential Monitoring Steps
 1. Risk Analysis
 2. Remote Monitoring
 3. On-Site Monitoring

RISK ANALYSIS

- ▶ A Risk Analysis is conducted of all subrecipients prior to the end of each program year.
- ▶ This is completed by the assigned CD Specialist and is a rating worksheet to evaluate the subrecipient's performance over the course of the program to date.
- ▶ If the total overall risk score is over the predetermined threshold, then an on-site monitoring is scheduled with the subrecipient.

REMOTE MONITORING

- ▶ The CD Specialist is responsible for conducting Remote Monitoring for each program funded with CDBG funds.
- ▶ Communication will be sent to each agency for each program with instructions to assist with the Remote Monitoring process.
- ▶ Information is collected regarding the program performance, record keeping and documentation, financial information, program income, compliance, procurement and general organization information.
- ▶ Based on the information provided by the agency, a determination will be made regarding the need for an On-site Monitoring visit.

ONSITE MONITORING

- ▶ The basic on-site monitoring includes a tour of the program facilities as appropriate, an explanation of the services provided, discussions with program and administrative staff, and introduction to one or more actual beneficiaries, if possible.
- ▶ Items covered during on-site monitoring will include:
 - ✓ Program Review
 - ✓ Financial Review
 - ✓ At least (3) Random Client files will be reviewed
 - ✓ Invoice Review
- ▶ As a result of this visit, staff may determine whether an in-depth review is needed for further clarification of one or more issues that arise during the on-site visit.

ENVIRONMENTAL REVIEW

- ▶ **Restrictions on Obligating HUD and Non-HUD Funds Prior to Completion of the Environmental Review Process**
- ▶ Commitment of HUD or Non-HUD funds must not be made until the Part 58 environmental review process is completed. HUD regulations at §58.22 place limitations on activities pending environmental clearance. Neither a recipient nor any participant, including public or private nonprofit or for-profit entities, or any of their contractors, can commit HUD or non-HUD funds on an activity or project until HUD or the state has approved the recipient's certified RROF. This ensures actions are not taken that would have an adverse environmental impact or limit the choice of reasonable alternatives.
- ▶ **Never** begin demolition or any construction related activity until the **Notice to Proceed** is issued. (when in doubt, ask first!)

Questions?

Presentation will be made available on City Website

