



Strength, Dignity, Quality of Life

MISSOURI HOUSING

DEVELOPMENT COMMISSION

Coronavirus Emergency Solutions Grant Program

Finance and Compliance Training Webinar

Denise Hoss – Community Initiatives Compliance Officer

Cassie Wilson – Grants Administrator



Payment Request Process

Timeline

1. MHDC Payment Request review
2. Aggregate Invoice to DSS
3. Agency Reimbursement deposit

- Submit Payment Request Packet to MHDC via Grant Interface Portal
 - <https://www.grantinterface.com/Home/Login?urlkey=mhdc>
 - Login Instructions: <http://www.mhdc.com/ci/CARES/Grant%20Interface%20Logon%20Instructions.pdf>
- Request may be discarded if incomplete or incorrect and must be resubmitted
 - Agency's applicant contact will be notified by automated email of discard
- All payment requests are submitted monthly to DSS (by MHDC)
- Reimbursements are typically deposited to grantee's bank account within 6 weeks

Eligible Expenses

ESG funds are provided solely for reimbursement of:

- Actual, eligible expenses incurred and paid by grantee
- Within awarded funding components (Admin, RRH, etc.)
- Expenses incurred during the 2020 funding period
 - March 13, 2020 – August 31, 2022

Grantee must document that all ESG-CV funds are expended within these requirements.

Eligible Expenses

- Eligible expenses are detailed in:
 - ESG-CV Desk Guide-
<http://www.mhdc.com/ci/CARES/ESG%20Program%20Forms/ESG-CV%20Desk%20Guide.pdf24>
 - CFR 576 Subpart B – Federal regulations on ESG Program
 - HUD-ESG-CV Notice
 - Reach out to MHDC ESG Administrator with specific questions
- Grant Award Amounts by funding component are detailed in:
 - ESG-CV Grant Agreement
- Required documentation for the incurred, eligible expenses
 - ESG-CV Desk Guide

Spending Requirements

Quarterly Draw Deadlines

- Must submit at least one Payment Request leading to a disbursement of ESG funds per quarter
- Discarded payment request submissions do not meet this requirement

Spending Deadlines

- Must spend at least 25% of grant award amount by end of Q2.
- Must spend at least 50% of grant award amount by end of Q4.
- Must spent at least 80% by the end of Q6.

ESG-CV Financial Timeline

Grant Billing Period Begins	March 13, 2020
Quarter 1 (Q1)	October 01, 2020 - December 31, 2020
Q1 Payment Request Deadline	January 04, 2021, 5:00 p.m.
Quarter 1 Quarterly CAPER Deadline	January 15, 2021
Quarter 1 Cumulative CAPER ¹ Deadline	January 15, 2021
Quarter 2 (Q2)	January 01, 2021 – March 31, 2021
25% Spending Deadline	April 01, 2021, 5:00 p.m.
Q2 Payment Request Deadline	April 01, 2021, 5:00 p.m.
Quarter 2 CAPER Deadline	April 16, 2021
Quarter 2 Cumulative CAPER Deadline	April 16, 2021
Quarter 3 (Q3)	April 01, 2021– June 30, 2021
Q3 Payment Request Deadline	July 01, 2021, 5:00 p.m.
Quarter 3 CAPER Deadline	July 16, 2021
Quarter 3 Cumulative CAPER Deadline	July 16, 2021
Quarter 4 (Q4)	June 01, 2021 – September 30, 2021
50% Spending Deadline	October 01, 2021, 5:00 p.m.
Q4 Payment Request Deadline	October 01, 2021, 5:00 p.m.
Quarter 4 CAPER Deadline	October 15, 2021
Quarter 4 Cumulative CAPER Deadline	October 15, 2021

Quarter 5 (Q5)	October 01, 2021 - December 31, 2021
Q5 Payment Request Deadline	January 03, 2022, 5:00 p.m.
Quarter 5 CAPER Deadline	January 14, 2022
Quarter 5 Cumulative CAPER Deadline	January 14, 2022
Quarter 6 (Q6)	January 01, 2022 – March 31, 2022
Emergency Shelter Spending Deadline ¹	January 31, 2022
80% Spending Deadline	March 31, 2022
Q6 Payment Request Deadline	April 01, 2022, 5:00 p.m.
Quarter 6 CAPER Deadline	April 15, 2022
Quarter 6 Cumulative CAPER Deadline	April 15, 2022
Quarter 7 (Q7)	April 01, 2022– June 30, 2022
Q7 Payment Request Deadline	July 01, 2022, 5:00 p.m.
Quarter 7 CAPER Deadline	July 15, 2022
Quarter 7 Cumulative CAPER Deadline	July 15, 2022
Quarter 8 (Q8)	June 01, 2022 – August 31, 2022
Q8 Payment Request Deadline	September 01, 2022, 5:00 p.m.
Close Out Deadline	September 01, 2022, 5:00 p.m.
Quarter 8 CAPER Deadline	October 14, 2022
Quarter 8 Cumulative CAPER Deadline	October 14, 2022

Payment Request Submission

Payment of ESG-CV funds requires the submission and approval of a complete Payment Request submission through a Grant Interface follow-up form.

ESG-CV Payment Request Attachments:

- CV-212 Expense Detail Report for each funding component
 - Salaries - with last 4 of SSN in expense description
- HMIS/Comparable Database Reports for each funding component

Forms:

- CV-212: <http://mhdc.com/ci/esg/fad/documents.htm>
- HMIS Reports: Generated from grantee's HMIS/comparable Database



Coronavirus Emergency Solutions Grant Program Payment Request Summary

CV-212

Date	
Grant Number	
Agency Name	
Total Requested Amount	\$0.00

Funding Component	Request Amount
Administration	\$0.00
HMIS	
Normal HMIS	\$0.00
Disease Mitigation Training	\$0.00
HMIS Total	\$0.00
Street Outreach	
Normal Street Outreach	\$0.00
Hazard Pay	\$0.00
Handwashing Stations and Portable Bathrooms	\$0.00
Volunteer Incentives	\$0.00
Disease Mitigation Training	\$0.00
Street Outreach Total	\$0.00
Standard Emergency Shelter	
Essential Services	\$0.00
Operations	\$0.00
Renovation	\$0.00
Major Rehab	\$0.00
Conversion	\$0.00
Hazard Pay	\$0.00
Volunteer Incentives	\$0.00
Disease Mitigation Training	\$0.00
Standard Emergency Shelter Total	\$0.00
Temporary Emergency Shelter	
Essential Services	\$0.00
Operations	\$0.00
Leasing	\$0.00
Renovation	\$0.00
Other Shelter Costs	\$0.00
Hazard Pay	\$0.00
Volunteer Incentives	\$0.00
Disease Mitigation Training	\$0.00
Temporary Emergency Shelter Total	\$0.00
Emergency Shelter Total	\$0.00

Funding Component	Request Amount
Homelessness Prevention	
Financial Assistance	\$0.00
Housing Services	\$0.00
Rental Assistance	\$0.00
Hazard Pay	\$0.00
Landlord Incentives	\$0.00
Volunteer Incentives	\$0.00
Disease Mitigation Training	\$0.00
Homelessness Prevention Total	\$0.00
Rapid Re-housing	
Financial Assistance	\$0.00
Housing Services	\$0.00
Rental Assistance	\$0.00
Hazard Pay	\$0.00
Landlord Incentives	\$0.00
Volunteer Incentives	\$0.00
Disease Mitigation Training	\$0.00
Rapid Re-Housing Total	\$0.00
Total Requested Amount	\$0.00

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. Additionally I certify that (1) all of the expenses in this form were used to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless or receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by coronavirus (2) none of these expenses violate the prohibition on duplication of benefits as outlined in Section 312.42 U.S.C 5155 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (3) I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).
NOTE: If information is missing or incorrect, this form will be discarded.

Authorized Signature: _____

Printed Name: _____



**Coronavirus Emergency Solutions Grant Program
Administration Expense Detail Form**

CV-212

Date		Instructions:	
Grant Number		<p>Note that an HMIS report is not required for administrative expenses, due to these costs not being recorded within the HMIS system.</p> <p>All expenses must have been incurred between 3/13/2020 and 8/31/2022. All expenses must have been paid and the Paid Date cannot be before the incurred period. ESG-CV% may not exceed 100%. Amount Paid by ESG-CV may not exceed \$5,000.00 for a single expense. Cells will automatically be highlighted red if any of these rules are broken.</p> <p>Please include the last four digits of the SSN for employee salary within the detail description. Please note that expenses listed on this form will automatically populate on the "payment summary" tab under "Administration."</p>	
Agency Name			
Reporting Range	1/0/1900 1/0/1900		
Total Administration Expenses	\$0.00		

No.	Expense Type	Incurred Period Start Date	Incurred Period End Date	Paid Date	Check Number	Vendor	Total Amount	ESG-CV %	Amount Paid by ESG-CV	Detail Description
1	Administration						\$ -	0%	\$ -	
2	Administration						\$ -	0%	\$ -	
3	Administration						\$ -	0%	\$ -	
4	Administration						\$ -	0%	\$ -	
5	Administration						\$ -	0%	\$ -	
6	Administration						\$ -	0%	\$ -	
7	Administration						\$ -	0%	\$ -	
8	Administration						\$ -	0%	\$ -	
9	Administration						\$ -	0%	\$ -	
10	Administration						\$ -	0%	\$ -	



Coronavirus Emergency Solutions Grant Program Homelessness Prevention Expense Detail Form

CV-212

Date			Total HP Financial Assistance	Instructions:
Grant Number			\$0.00	<p>Enter the Total Financial Assistance and Total Rental Assistance amounts for Homelessness Prevention from your agency's attached HIMS report totals in the boxes provided.</p> <p>Enter all Housing Services expenses within the numbered expense lines below. The Total Housing Services will calculate from all values entered into the expense detail numbered rows. All Expenses will automatically populate in the Payment Summary tab.</p> <p>All expenses must have been incurred between 3/13/2020 and 8/31/2022. All expenses must have been paid and the Paid Date cannot be before the incurred period. ESG-CV% may not exceed 100%. Amount Paid by ESG-CV may not exceed \$5,000.00 for a single expense. Cells will automatically be highlighted red if any of these rules are broken.</p> <p>Please include the last four digits of the SSN for employee salary within the detail description. Note that an HIMS report is required for all expenses except the Housing Services costs, which are not recorded within the HIMS system. Please do NOT outline expenses from the HIMS report on the expense detail.</p>
Agency Name			Total HP Rental Assistance	
Reporting Range	1/0/1900	1/0/1900	\$0.00	
Total Homeless Prevention Expenses	\$0.00		Total HP Housing Services	
			\$0.00	

No.	Expense Type	Incurred Period Start Date	Incurred Period End Date	Paid Date	Check Number	Vendor	Total Amount	ESG-CV %	Amount Paid by ESG-CV	Detail Description
1	Financial Assistance						\$ -	0%	\$ -	
2	Financial Assistance						\$ -	0%	\$ -	
3	Financial Assistance						\$ -	0%	\$ -	
4	Financial Assistance						\$ -	0%	\$ -	
5	Financial Assistance						\$ -	0%	\$ -	
6	Financial Assistance						\$ -	0%	\$ -	
7	Financial Assistance						\$ -	0%	\$ -	
8	Financial Assistance						\$ -	0%	\$ -	
9	Financial Assistance						\$ -	0%	\$ -	
10	Financial Assistance						\$ -	0%	\$ -	

HMIS

HMIS/Comparable Database Reports

- Reports are created by each grantee's HMIS/Comparable Database administrator
 - Street Outreach & Emergency Shelter
 - Bed night report
 - Program roster
 - Homelessness Prevention & Rapid Re-housing
 - Client detail report
 - Reflects direct financial assistance to program participants within report
- Contact your CoC's HMIS Lead Agency if reports are not functioning properly
 - Non-HMIS report use requires prior approval from ESG-CV Administrator


Payment Request Summary

Payment Requests must be submitted to:

Grant Interface Portal Follow-Up Forms

- MHDC will not accept Requests submitted via mail or to a different email address
- Login and Submission Instructions are available on the MHDC website.

Complete submissions include a fully filled out Follow Up Form with the following PDF attachments:

- Expense Detail Form (CV-212)
 - HMIS/Comparable Database Report(s) (Does not apply to Admin or HMS Submissions)
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Budget Amendment Process

Grantees may submit a budget amendment request to transfer funds between funding components

Budget Amendment Requests are submitted in writing to the Grants Administrator for approval

After review, a budget amendment request form (CV-213) may be provided

Funding Components:

- Administration
- HMIS
- Street Outreach
- Emergency Shelter
- Temporary Shelter
- Homelessness Prevention
- Rapid Re-Housing



Grantee Information	
<i>Grantee Name:</i>	
<i>Grant Number:</i>	
<i>Grant \$</i>	-
<i>Award:</i>	

Instructions
<p>ESG grantees may request one budget amendment per grant quarter. To request a budget amendment, complete the Budget Detail box below, detailing the current grant budget and the proposed budget adjustment. To show the proposed budget adjustment, complete the Budget Change column below to show the increase or decrease in funding for each budget category. The total Budget Change should remain at zero. The final total for the New Budget must be the same as the final total of the Original Budget.</p>

Budget Detail			
Budget Categories	Original Budget	Budget Change	New Budget
Street Outreach	-	\$ -	\$ -
Emergency Shelter	-	\$ -	\$ -
Homelessness Prevention	-	\$ -	\$ -
Rapid Re-housing	-	\$ -	\$ -
Homeless Management	-	\$ -	\$ -
Administration	-	\$ -	\$ -
Total	-	\$ -	\$ -

Reason for Budget Amendment Request

Executive Director or Authorized Official	
<i>Signature</i>	<i>Date</i>
<i>Printed Name</i>	<i>Title</i>

Budget Amendment Process

- Form CV-213: Budget Amendment Request details:
 - Original budget
 - Proposed change
 - New budget
 - Explanation why the amendment is needed
- If CV-213 is approved, a budget amendment agreement is drafted and executed by the grantee and MHDC
 - The agreement must be fully executed prior to utilizing the revised budget
- One budget amendment request is allowed per grant quarter

Common Issues

Payment Request Issues

- Missing HMIS/comparable database report(s)
- Duplicate submission
- Expired Certificate of Insurance
- Inconsistent Amounts between ESG-212, and HMIS/comparable database report
- Submission to an email address instead of Grant Interface

Budget Issues

- Amendments made without MHDC approval
- Amendments utilized before budget amendment letter is fully executed

Other Issues

- Funds spent outside of approved CoC
- Ineligible expenses
- Funds spent outside of funding period

Contact Information

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Information and Forms for MHDC ESG Program:

<http://www.mhdc.com/ci/CARES/ESGCV.htm>




ESG-CV COMPLIANCE

Denise Hoss



Compliance Site Visit / Desk Review Basics

- The Compliance Officer will need to examine client files, financial assistance, administrative / operating expenses, along with written policies and procedures to verify compliance with program rules and regulations
 - All required documentation will be requested by the Compliance Officer, via email to the grant contact of record, once the agency has reached a 25% threshold of the total grant amount prior to the end of the grant period
 - The email will contain a list of all the required documentation to be uploaded within 24 hours
- 

Client File Documentation

- Homeless Status Certification, Staff Certification (CV-104)
 - HUD definitions of literal homelessness, at risk of homelessness, fleeing or attempting to flee domestic violence, other.
- Proper household identification or documentation of attempts to collect items, i.e. Housing First Principles apply.
- Program consent form (CI-108 or CI-108-DV)
- Intake application
- Verification of income &/or assets – Income received within 30-days of assistance.
 - Types of verification in order from best: Written from source, oral or telephone, (must document attempts made to verify), self-certification.
- Proof of need
 - Rent, deposits, rental arrears – Lease or letter from landlord which clearly lists the amounts.
 - Utilities including arrears – Copy of bill or print out from source with amount(s) and time frame(s) due clearly documented (6 month limit)

Client File Documentation (continued)

- Income Eligibility Form – ESG-201
 - CI-103 Certification of Zero Income
 - CI-112 Employer Verification
 - CV-209 Recertification Form
- Receipt of Assistance – ESG-204
 - Rent Reasonableness – ESG-206 -Comparable rent documentation
 - Rental Assistance Agreement
 - Habitability Standards – Emergency Shelter / Permanent Housing ESG-205
 - Lead Screening Worksheet ESG-207
 - Case management / housing stability goal plan
 - Case Management should be documented with emphasis on making this the responsibility of the case managers rather than a requirement of clients. Case Managers should attempt to meet with the client at least once a month and document all attempts.

Calculating Income

Determine all Sources of Income

- Inclusions
- Exclusions

Methods of Calculating Income

- Annualize income by calculating the gross annual income based on current circumstances.
 - Income that may not last for 12 months should be calculated assuming that circumstances will last 12 months (seasonal work, etc.)
 - Use verifications of all income received within the past 30 days of assistance and calculate the average of the gross amount . Annualize based on the frequency of pay.
- Calculate the annual income based on anticipated changes through the year
 - Information that is available on changes throughout the year should be used to calculate anticipated income from all known sources
- Changes will be reflected at recertification period as required for each program

Financial Documentation

- **Proof of need, i.e. invoice, receipt, payroll**
 - If a service or utility bill; it must list physical address of service (DV shelters can be exempt)
 - Receipts must list eligible item(s) purchased, services performed, amount(s), and date(s)
 - Assemble receipts, bills in order (preferably by payment date with corresponding invoice)
- **Proof of cleared payment**
 - Copy of cleared payment or bank statement clearly showing check number, date, and amount
 - Payroll debits on bank statements must match payroll report total of net amount or copy of paystub
 - Timesheets
 - Last 4 digits of employees' SSN
 - Employee benefits (insurance, taxes, work comp., etc.)

Non-Compliance

Common Errors

- Missing required forms
- Participants failing to disclose income information / inadequate intake application
- Missing household eligibility documentation, i.e. income and homelessness
- Missing documentation of case management and housing stability goals
- Utilizing net vs. gross income amounts &/or frequency of pay
- Fair Market Rent and Utility Allowance calculations
- Billing expenses incurred and/or paid outside grant period

Replacement back up

If ineligible expenses are found during a site visit, replacement back up must be submitted. Items required in the back up are:

- Replacement Backup form

http://www.mhdc.com/ci/documents/CI_Replacement%20Back-Up%20Form.pdf

- Copies of eligible expenses incurred within the grant period which have not previously been submitted for payment
 - Bill, invoice or other proof of expense
 - Proof of cleared payment
 - Household eligibility documentation, i.e. income and homelessness, program consent form, and intake application.
 - Corrected HMIS or comparable database report