



Strength, Dignity, Quality of Life

MISSOURI HOUSING

DEVELOPMENT COMMISSION

The 2020 MHTF and
MoHIP Compliance
Webinar will begin
in a few minutes....



Strength, Dignity, Quality of Life

MISSOURI HOUSING

DEVELOPMENT COMMISSION

Community Initiatives Department Contacts:

Cassie Wilson- Grants Administrator

Denise Hoss- Compliance Officer

Caty Field- MoHIP/MHTF Administrator

House Keeping

- The microphone for every participant will be muted during this webinar
- Please use the correct webinar platform for questions and we will do the best to respond
 - We will be responding to questions that have to do with the overall group. If it is a question relating only to your agency, please reach out to one of us separately via phone or email
- This will be recorded and posted to the website for future reference or for anyone who could not make it today

Grant Administration

Financial Process

MHDC will automatically advance 25% of the total grant award amount upon receipt of all completed grant documents

- MHTF Construction excluded

Once advanced funds are backed up, any following disbursements will be:

- Automatically disbursed with no request for payment needed
- Disbursed in 25% increments (25%, 50% or 75%) of the total grant award
- Determined by the amount of back-up submitted by agencies
- Paid out on a monthly basis

Grant Administration

Financial Process

Below is the chart used to calculate how much each agency will be disbursed:

Percent of Total Grant Award Amount Disbursed	25% (initial advance)	50%	75%	100%
Percent Backed Up and Approved	0-24%	25-49%	50-74%	75-100%

Grant Administration

Financial Process

Quarterly Draws

- Grantees must submit at least one approvable Back-Up Form per grant quarter:

Missouri Housing Innovation Program	Missouri Housing Trust Fund
Coordinated Entry System	Housing Assistance
Street Outreach	Emergency Assistance
Housing Assistance & Services	Home Repair
HMIS	Operating Funds

- **Grantees may only submit ONE approvable back-up form per month. Any further submissions will be discarded and will need to be submitted the following month.**

Grant Administration

Financial Process

- **1st Quarter (Q1):** **April 1 – June 30, 2020**
- Q1 Back-Up Deadline: July 1, 2020, 5:00 p.m.
- **2nd Quarter (Q2):** **July 1 – September 30, 2020**
- Q2 Back-Up Deadline: October 1, 2020, 5:00 p.m.
- 25% Back-Up Deadline: September 30, 2020, 5:00 p.m.
- **3rd Quarter (Q3):** **October 1 – December 31, 2020**
- Q3 Back-Up Deadline: January 4, 2021, 5:00 p.m.
- **4th Quarter:** **January 1 – March 31, 2021**
- 75% Back-Up Deadline: March 1, 2021, 5:00 p.m.
- Final Back-Up/Close Out: April 30, 2020, 5:00 p.m.

- Back-Up forms can be submitted at any time during the quarter to meet the requirement

Grant Administration

Financial Process

All expenses must be incurred and paid within funding period (April 1, 2020-March 31, 2021)

Supporting documentation

- HMIS report is required for all direct assistance
 - Non-HMIS reports allowed only if grantee receives prior approval from MHDC
- Please note: Administrative expense documentation does not need to be submitted with back-up; maintain on-site for compliance visits

Grant Administration

Financial Process

Payment Schedule:

- **IF** agency appropriately backs up previous 25% disbursement no later than 5:00 p.m. on the first business day of the month; they should expect their next disbursement in 30-60 days.
- Submissions received on the 2nd of the month or later will be paid out on the following month.

Grant Administration

Financial Process

MHTF and MoHIP Back-Up Forms

Missouri Housing Trust Fund

Housing Assistance (MHTF-212)

Operating (MHTF-213)

Home Repair (MHTF-214)

Construction (MHTF-215)

Emergency Assistance (MHTF-216)

Missouri Housing Innovation Program

All Grant Types (MoHIP-402)

Grant Administration

Financial Process- MoHIP 2020 Back-Up Form



Missouri Housing Innovation Program
Back-Up Form

MoHIP-402

Date	
Grant Number	
Agency Name	
Total Requested Amount	\$0.00

Funding Component	Request Amount
HMIS	
Expense Detail Total Amount	\$0.00
Street Outreach	
Expense Detail Total Amount	\$0.00
Housing Assistance and Services	
Housing Services Expense Detail	\$0.00
Admin Expense Detail (10%)	\$0.00
Direct Services Total (HMIS Report)	
Housing Assistance and Services Total	\$0.00
Coordinated Entry	
Expense Detail Total Amount	\$0.00
Total Requested Amount	\$0.00

Total Number of Households Assisted	0
Total Number of Veterans Assisted	0

CERTIFICATION

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 are for the purposes and objectives set forth in the terms and conditions of the MoHIP award.

Authorized Signature _____

Printed Name _____

MHDC Personnel Use Only

Notes:	Approval
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Grant Administration

Financial Process MoHIP-2020 Back-Up Form



**Missouri Housing Innovation Program
Coordinated Entry System Expense Detail Form**

MoHIP-402

Date	1/0/1900
Grant Number	0
Agency Name	0
Reporting Range	
Total Coordinated Entry Expenses	\$0.00

Instructions:
Please include the last four digits of the SSN for employee salary within the detail description.

No.	Expense Type	Incurred Date(s) (i.e. Pay Period)	Paid Date	Check Number	Vendor	Total Amount	MoHIP %	Amount Paid by MoHIP	Detail Description
1						\$ -	0%	\$ -	
2						\$ -	0%	\$ -	
3						\$ -	0%	\$ -	
4						\$ -	0%	\$ -	
5						\$ -	0%	\$ -	
6						\$ -	0%	\$ -	
7						\$ -	0%	\$ -	
8						\$ -	0%	\$ -	
9						\$ -	0%	\$ -	
10						\$ -	0%	\$ -	
11						\$ -	0%	\$ -	
12						\$ -	0%	\$ -	



Back-Up Form | Housing Assistance | Missouri Housing Trust Fund

Log ID:
(MHDC use only)

Date: _____
 Agency: _____
 Grant Number: _____

Back-Up Form Check List

HMIS Report(s)
 Administrative Expenses Detail Report Form(s)

Summary

AMI Summary (should total 100%)

Percent of funds spent on households at or below 25% AMI: _____
 Percent of funds spent on households between 26-50% AMI: _____

Summary of Clients Served

Region	Instances of	Household Assisted	Adults Assisted	Children Assisted
North				
Central				
South				
KC				
STL				
TOTAL	0	0	0	0

Summary of Direct Assistance

Region	Rent	Rent Deposit	Rent Arrears	Last Month Rent	Hotel/Motel	Utility	Utility Deposit	Utility Arrears	Total Spent	% Spent
North									\$ -	-
Central									\$ -	-
South									\$ -	-
KC									\$ -	-
STL									\$ -	-
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-

Total HMIS Summary

(Please insert totals from each Emergency Assistance HMIS report)

HMIS Report 1: _____
 HMIS Report 2: _____
 HMIS Report 3: _____

Total Direct Assistance:
 (Total of all HMIS Reports) \$ _____

Total Administrative Expenses:
 (Total MHTF portion from Administrative Expense Detail Report Form) \$ _____

Total MHTF Grant Funds Expended:
 (Total Direct Assistance + Total Administrative Expense Claims) \$ _____

Back-Up Certification

CERTIFICATION: I hereby certify that all information on this schedule is true, that all amounts were computed according with MHDC instructions and that each expense is authorized and meets the eligibility of MHTF.

Initial Signature: _____
 Printed Name: _____ Date: _____

NOTE: An authorized signature (as designated on the Authorized Signature Card) is required for accepting and processing this form by the MHDC. **INCOMPLETE FORMS WILL BE DISCARDED AND A NEW, AND COMPLETE FORM WILL NEED TO BE SUBMITTED.**

Grant Administration Financial Process MHTF-212 Housing Assistance Back-Up Form

Missouri Housing Trust Fund
Administrative Expense Detail | Housing Assistance | Missouri Housing Trust Fund

Date:		1/0/1900		Grant Number:		0			
Agency:		0		Grant Type		Housing Assistance			
No.	Expense Type	Invoice, Receipt, or Pay Period Date	Payee/Vendor/Retailer	Check Number	Paid Date	Total Amount	MHTF %	Amount Paid by MHTF	Detail Description (e.g., list last four digits of SSN if Salary; provide description of "Other" expense type)
1							#DIV/0!		
End of Pay Period (if applicable)									
2							#DIV/0!		
End of Pay Period (if applicable)									
3							#DIV/0!		
End of Pay Period (if applicable)									
4							#DIV/0!		
End of Pay Period (if applicable)									
5							#DIV/0!		
End of Pay Period (if applicable)									
6							#DIV/0!		
End of Pay Period (if applicable)									
7							#DIV/0!		
End of Pay Period (if applicable)									
8							#DIV/0!		
End of Pay Period (if applicable)									
9							#DIV/0!		
End of Pay Period (if applicable)									
10							#DIV/0!		
End of Pay Period (if applicable)									
11							#DIV/0!		
End of Pay Period (if applicable)									
12							#DIV/0!		
End of Pay Period (if applicable)									
13							#DIV/0!		
End of Pay Period (if applicable)									
14							#DIV/0!		
End of Pay Period (if applicable)									
15							#DIV/0!		
End of Pay Period (if applicable)									

Grant Administration Financial Process

MHTF-212 Housing Assistance Back-Up Form Administrative Expense Detail



Back-Up Form | Operating Funds | Missouri Housing Trust Fund

Log ID:
(MHDC use
only)

Date:	
Agency:	
Grant Number:	

Back-Up Form Check List

Operating Expenses Detail Report Form(s)

Back-Up Report Summary

Please detail households served between area median income (AMI) levels below. Both fields must total 100% once completed.

Percentage of funds spent on households at or below 25% AMI:		Percentage of funds spent on households between 26-50% AMI:	
--	--	---	--

Total Operating Expenses Summary

Region	Operating Expenses By Region	% of Funds Spent By Region
Central		
Kansas City		
North		
South		
St. Louis		
Total	\$ -	

Total MHTF Grant Funds Expended:
(Total Operating Expense Claims) \$ -

Back-Up Certification

CERTIFICATION: I hereby certify that all information on this schedule is true, that all amounts were computed according with MHDC instructions and that each expense is authorized and meets the eligibility of MHTF.

Initial Signature:

Printed Name:		Date:	
---------------	--	-------	--

NOTE: An authorized signature (as designated on the Authorized Signature Card) is required for accepting and processing this form by the MHDC. INCOMPLETE FORMS WILL BE DISCARDED AND A NEW, AND COMPLETE FORM WILL NEED TO BE SUBMITTED.

Grant Administration

Financial Process

MHTF-213 Operating Back-Up Form



Operating Expense Detail | Operating Funds | Missouri Housing Trust Fund

Date:	1/0/1900	Grant Number:	0
Agency:	0	Grant Type	Operating Funds

No.	Expense Type	Invoice, Receipt, or Pay Period Date	Payee/Vendor/Retailer	Check Number	Paid Date	Total Amount	MHTF %	Amount Paid by MHTF	Detail Description (e.g., list last four digits of SSN if Salary)
1							#DIV/0!		
End of Pay Period (if applicable)									
2							#DIV/0!		
End of Pay Period (if applicable)									
3							#DIV/0!		
End of Pay Period (if applicable)									
4							#DIV/0!		
End of Pay Period (if applicable)									
5							#DIV/0!		
End of Pay Period (if applicable)									
6							#DIV/0!		
End of Pay Period (if applicable)									
7							#DIV/0!		
End of Pay Period (if applicable)									
8							#DIV/0!		
End of Pay Period (if applicable)									
9							#DIV/0!		
End of Pay Period (if applicable)									
10							#DIV/0!		
End of Pay Period (if applicable)									
11							#DIV/0!		
End of Pay Period (if applicable)									
12							#DIV/0!		
End of Pay Period (if applicable)									

Grant Administration

Financial Process

MHTF-213 Operating Back-Up Expense Detail



Form: MHTF-214

Back-Up | Home Repair | Missouri Housing Trust Fund

Date:	1/0/1900	MHTF Grant Number:	0
Agency:	0	Homeowner Name:	
Homeowner Address:		County:	

No.	Expense Type	Invoice or Receipt Date	Payee/Vendor/Retailer	Check Number	Paid Date	Total Amount	MHTF %	Amount Paid by MHTF	Detail Description
1							#DIV/0!		
2							#DIV/0!		
3							#DIV/0!		
4							#DIV/0!		
5							#DIV/0!		
6							#DIV/0!		
7							#DIV/0!		
8							#DIV/0!		
9							#DIV/0!		
10							#DIV/0!		
11							#DIV/0!		
12							#DIV/0!		
13							#DIV/0!		
14							#DIV/0!		
15							#DIV/0!		
16							#DIV/0!		
17							#DIV/0!		
18							#DIV/0!		
19							#DIV/0!		
20							#DIV/0!		
21							#DIV/0!		
22							#DIV/0!		
23							#DIV/0!		
24							#DIV/0!		
25							#DIV/0!		

Grant Administration

Financial Process

MHTF-214 Home Repair Back-Up Expense detail form

Back-Up Form | Emergency Assistance | Missouri Housing Trust Fund

												Log ID: (MHDC use only)	
Date: _____													
Agency: _____													
Grant Number: _____													
Back-Up Form Check List													
<input type="checkbox"/> HMIS Report(s)													
<input type="checkbox"/> Administrative Expenses Detail Report Form(s)													
Summary													
Area Median Income (AMI) Summary (should total 100%)													
Percent of funds spent on households at or below 25%: _____						Percent of funds spent on households between 26-50% AMI: _____							
Summary of Clients Served													
Region	Number of	Household	Adults	Children									
			Assisted	Assisted									
North:													
Central:													
South:													
KC:													
STL:													
TOTAL	0	0	0	0									
Summary of Direct Assistance													
Regions	Rent	Utility	Rent Deposit	Utility Deposits	Rent Arrears	Utility Arrears	Last Month Rent	Mortgage	Hotel/Motel	E.N.R.	Total Spent	% Spent	
North											\$ -		
Central											\$ -		
South											\$ -		
KC											\$ -		
STL											\$ -		
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Total HMIS Summary													
(Please insert totals from each Emergency Assistance HMIS report)													
HMIS Report 1													
HMIS Report 2													
HMIS Report 3													
Total Direct Assistance: (Total of all HMIS Reports)												\$ -	
Total Administrative Expenses: (Total MHTF portion from Administrative Expense Detail Report Form)												\$ -	
Total MHTF Grant Funds Expended: (Total Direct Assistance + Total Administrative Expense Claims)												\$ -	
Back-Up Certification													
CERTIFICATION: I hereby certify that all information on this schedule is true, that all amounts were computed according with MHDC instructions and that each expense is authorized and meets the eligibility of MHTF.													
Initial Signature:													
Printed Name: _____										Date: _____			
NOTE: An authorized signature (as designated on the Authorized Signature Card) is required for accepting and processing this form by the MHDC. INCOMPLETE FORMS WILL BE DISCARDED AND A NEW, AND COMPLETE FORM WILL NEED TO BE SUBMITTED.													

Grant Administration

Financial Process

MHTF-216 Emergency Assistance Back-Up Form

Grant Administration

MHTF Construction/Rehabilitation

Construction/Rehabilitation grantees will follow a different financial process

- This is a reimbursement grant
- Grantees will receive disbursements based on the amount reported on the Construction Rehabilitation Back-Up Form (MHTF-215)
- Once an approvable Back-Up submission has been received, our Compliance Officer will perform a compliance visit
- If the compliance visit passes, grantee will automatically be disbursed the amount provided on their back-up submission

Grant Administration

MHTF Construction/Rehabilitation

Grant Year Begins:

April 1, 2020

Quarter 1 (Q1):

April 1-June 30, 2020

Quarter 2 (Q2):

July 1-September 30, 2020

Quarter 3 (Q3):

Oct. 1-December 31, 2020

Quarter 4 (Q4):

January 1-March 31, 2021

75% Back Up Deadline:

March 1, 2021, 5:00 p.m.

Final Back-Up/Close Out Deadline: April 30, 2021, 5:00 p.m.



Construction/Rehabilitation Back-Up | Missouri Housing Trust Fund

Log ID:
(MHDC use only)

Date:		<i>Intentionally left blank</i>
Agency:		
Grant Number:		
Back-Up Form Check List		
<input type="checkbox"/>	Construction Detail Report Form	
<input type="checkbox"/>	Contractor Invoices	
<input type="checkbox"/>	Project Updates	

Summary of Expenses by Region		
Regions	Total C/R Costs By Region	% of Funds Spent By Region
North		
Central		
South		
Kansas City		
St. Louis		
TOTAL	\$ -	

Construction Detail	
Total MHTF Grant Funds Expended: (Grand Total from Construction Detail Report)	\$ -

Back-Up Certification
CERTIFICATION: I hereby certify that all information on this schedule is true, that all amounts were computed according with MHDC instructions, and that each expense is authorized and meets the eligibility of

<i>Initial Signature:</i>	
Printed Name:	Date:

NOTE: A authorized signature (as designated on the Authorized Signature Card) is required for accepting and processing this form by the MHDC. **INCOMPLETE FORMS WILL BE DISCARDED AND A NEW, AND COMPLETE FORM WILL NEED TO BE SUBMITTED.**

Grant Administration Financial Process

MHTF-215 Construction/Rehabilitation Back-Up Form



Construction Detail Report | Missouri Housing Trust Fund

Agency:

0

Grant Number:

0

No.	Expense Type	Date of Invoice or Receipt	Payee/Vendor/Retailer	Check Number	Paid Date	Total Amount	MHTF %	Amount Paid by MHTF	Detail Description
1							#DIV/0!		
2							#DIV/0!		
3							#DIV/0!		
4							#DIV/0!		
5							#DIV/0!		
6							#DIV/0!		
7							#DIV/0!		
8							#DIV/0!		
9							#DIV/0!		
10							#DIV/0!		
11							#DIV/0!		
12							#DIV/0!		
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14							#DIV/0!		
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16							#DIV/0!		
17							#DIV/0!		
18							#DIV/0!		
19							#DIV/0!		
20							#DIV/0!		
21							#DIV/0!		
22							#DIV/0!		
23							#DIV/0!		
24							#DIV/0!		
25							#DIV/0!		

Grant Administration
 Financial Process
 MHTF-215
 Construction/Rehabilitation
 Back-Up Expense detail form

Grant Administration

Accounting Submission Details

Back-Up should be submitted electronically to:

ci.accounting@mhdc.com

- Electronic submissions must be legible in order to be processed.

Please combine all documents into ONE pdf.

- Complete MoHIP submissions consist of:

- MoHIP-402 (Back-up summary, relevant expense detail forms)
- HMIS Report

Complete MHTF submissions consist of:

- Relevant MHTF Back-up form and Admin Expense Details
- HMIS Report

Grant Administration

Contacts

MHTF/MoHIP General Programmatic questions:

- Caty Field: catherine.field@mhdc.com

Grant Financial Questions (regarding payment, back-up, grant balances, etc.)

- Cassie Wilson: cassie.wilson@mhdc.com

Compliance Questions:

- Denise Hoss: dhoss@mhdc.com