



**NEIGHBORHOOD
SERVICES
DEPARTMENT**

CDBG PUBLIC SERVICE

REIMBURSEMENT TRAINING

TODAY'S OBJECTIVES

- **INTRODUCTIONS**
- **BILLING TEMPLATE DEMO**
- **REIMBURSEMENT PROCESS/
REQUIRED DOCUMENTATION**
- **NEXT STEPS**
- **QUESTIONS**



BILLING TEMPLATE

REQUIRED WORKSHEETS

- **PRW WORKSHEET (IF SALARY IS BUDGETED)**
- **BW WORKSHEET**
- **CL WORKSHEET**
- **PROGRAM ACCOMPLISHMENTS**





LIVE DEMONSTRATION OF THE BILLING TEMPLATE



PRW WORKSHEET

FRINGE CALCULATIONS

EMPLOYER-PAID BENEFITS

HEALTH PREMIUMS • RETIREMENT BENEFITS WORKERS
 COMPENSATION • UNEMPLOYMENT INSURANCE • TUITION
 REIMBURSEMENT

Salary Worksheet

	total monthly hrs	hrly rate	CDBG hrs
Georgia Smith	160	\$ 18.75	160
Ross Rogers	160	\$ 15.00	120

Fringe Worksheet

	Fringe monthly total	% CDBG	CDBG total	% other	Other sources total
Georgia Smith	500	100.00%	\$ 500.00	0.00%	\$ -
Ross Rogers	500	75.00%	\$ 375.00	25.00%	\$ 125.00

BW WORKSHEET

BUDGET TRACKING

- Salary and fringe dollar amounts from PRW worksheet.
- Enter other line items for current expenditures in the CDBG Current Reimbursement column
- Enter in agency's funding match data
- **NO CHANGES CAN BE MADE TO THE AGENCY'S BUDGET AFTER CONTRACT EXECUTION WITHOUT PRIOR BUDGET MODIFICATION REQUEST APPROVAL**

BW WORKSHEET

BUDGET TRACKING

CDBG Billing Statement Information Sheet											
Agency Name:		ACME Community Association									
Program Name:		Youth Leadership Program									
Reimbursement Month:		July-21									
Contract Budget					Status of CDBG Funds			Status of Matching Funds			
					Previous Expenditures	Current Expenditures	Total Expenditures To Date	Balance Remaining	Previous Expenditures	Current Expenditures	Total Expenditures
BUDGET ITEM	CDBG	Agency Cash	Other	Total	CDBG	CDBG	CDBG	CDBG	Other Sources	Other Sources	Other Sources
Personnel Services											
Salaries	20,000.00	120,000.00	-	140,000.00		4,800.00	4,800.00	15,200.00		600.00	600.00
Fringe	2,000.00	12,000.00	-	14,000.00		875.00	875.00	1,125.00		125.00	125.00
Total Personnel Services	22,000.00	132,000.00	-	154,000.00	0.00	5,675.00	5,675.00	16,325.00	0.00	725.00	725.00
Contractual Services											
Professional Services	2,000.00	5,000.00	-	7,000.00		400.00	400.00	1,600.00			0.00
Telephone	-	1,500.00	-	1,500.00			0.00	0.00			0.00
Utilities	-	3,000.00	-	3,000.00			0.00	0.00			0.00
Rent	5,000.00	50,000.00	-	55,000.00		417.00	417.00	4,583.00			0.00

CL WORKSHEET

COVER LETTER

- ✓ Customize this page to add your agency's logo or print on your agency letterhead
- ✓ Cover Letters **must** be signed by the signature authority for the contract or their designee
- ✓ Includes the mailing and/or remit address where checks should be sent
 - **The mailing and/or remit address needs to match the mailing and/or remit address in procurePHX**

CL WORKSHEET

DEMOGRAPHICS

- Every Phoenix client served must have a race recorded
- For HUD reporting purposes, Hispanic is not a separate race but an ethnicity associated with a race
- Other Multi-racial ≠ Hispanic

CL WORKSHEET

REIMBURSEMENT DATA

Automatically pulls in the following information

Grants Compliance Project Manager
NSD, Administrative Services
200 West Washington Street, 4th floor
Phoenix, AZ 85003

Contract Award	\$30,000.00
Previous Reimbursement	\$6,877.00
Current Request	\$4,704.50
Award Balance	\$18,418.50

RE: **ACME Community Association**
Youth Leadership Program
1234 N Central Ave, Suite 500, Phoenix, AZ 85008

Contract #1234567

Aug-21

This reimbursement request represents expenditures and includes support documentation as required.

This month, we provided services to 100 new and 60 existing Phoenix clients and accomplished the following program performance objectives. We are requesting funds in the amount of \$4,704.50

CL WORKSHEET

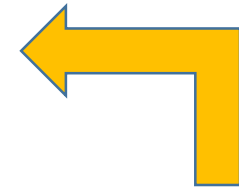
NO DUPLICATE CLIENT REPORTING

This reimbursement request represents expenditures and includes support documentation as required.

This month, we provided services to 100 new and 60 existing Phoenix clients and accomplished the following program performance objectives. We are requesting funds in the amount of \$9,741.88

Count by households (H) or persons (P) p

Total Phoenix Clients Served This Month	This Month	Year-to-Date	# of Hispanics in Previous	
			This Month	Year-to-Date
White	36	58	20	30
Black/African American	19	47		2
Asian	8	11		0
American Indian/Alaskan Native	27	31	6	6
Native Hawaiian/Other Pacific Islander	5	5	1	1
American Indian/Alaskan Native & White		0		0
Asian and White	4	4		0
Black/African American and White		1		0
Am. Indian/Alaskan Native and Black/African Am	1	1		0
Other Multi-Racial		2		1
TOTAL	100	160	27	40



Only report each client the **FIRST MONTH** in which they receive services

CL WORKSHEET COVER LETTER

Grants Compliance Project Manager
NSD, Administrative Services
200 West Washington Street, 4th floor
Phoenix, AZ 85003

Contract Award	\$50,000.00
Previous Reimbursement	\$7,750.00
Current Request	\$9,741.88
Award Balance	\$32,508.13

RE: **ACME Community Association** Contract #153000
COVID-19 Recovery and Response
4744 North Central Avenue, Suite 400, Phoenix, AZ 85012
 Aug-20

RACE, ETHNICITY, DISABILITY & INCOME

This reimbursement request represents expenditures and includes support documentation as required. This month, we provided service to 100 new and 60 existing Phoenix clients and accomplished the following program performance objectives. We are requesting funding of \$9,741.88

Count by households (H) or persons (P) **P**

Total Phoenix Clients Served This Month			# of Hispanics in	
	This Month	Year-to-	This Month	Year-to-Date
White	36	58	20	30
Black/African American	19	47		2
Asian	8	11		0
American Indian/Alaskan Native	27	31	6	6
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Black/African American and White		1		0
Am. Indian/Alaskan Native and Black/African Am	1	1		0
Other Multi-Racial		2		1
TOTAL	100	160	27	40

Race and Ethnicity

Number of Disabled Indivi. This Month 0 **Year to Date** 5

Disabled

	This month	YTD
Number of Phoenix clients above 80% of area median income	0	0
Number of Phoenix clients below 80% of area median income	5	15
Number of Phoenix clients below 50% of area median income	50	70
Number of Phoenix clients below 30% of area median income	45	75
TOTAL	100	160

Income Level

If you have questions regarding this request please contact Terry Meyers at 602-534-4444
Sincerely,

Joe Johnson, Chief Executive Officer



PROGRAM ACCOMPLISHMENTS

TRACK PROGRESS TOWARDS PROGRAM GOALS

- ✓ S.M.A.R.T. Goals
- ✓ Unduplicated clients reported
- ✓ Phoenix residents only



PROGRAM ACCOMPLISHMENTS

- **Goals/ Outcomes from Scope of Work = Program Accomplishments**
- **Minimum of 3 goals:**
 - Direct tie to the # of Phoenix beneficiaries you plan to serve during the contract year
 - Goals/ Outcomes need to be measurable, realistic and practical
 - Only report the # of Phoenix beneficiaries one time (no duplication of data)
- **Goals/ Outcomes listed should match what is in your agency's contract (Scope of Work)**

PROGRAM ACCOMPLISHMENTS

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	U	V	W
1																	
2	ACME Community Association																
3	Youth Leadership Program																
4	Program Accomplishments (unduplicated)	Contract Goals	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Year to Date		
5	Number of Phoenix residents served during contract period	300	60	100													160
6	Number of Phoenix residents receiving COVID-19 health and safety education	150	10	100													110
7	Number of Phoenix residents provided with health and safety equipment and/or supplies	300	25	100													125
8																	0
9																	0
10																	0
11																	0
12																	0
13																	0
14																	0
15																	0

17 Please add comments or notes in the box below.

18

19

REIMBURSEMENT DOCUMENTATION

SUBMISSION ORDER AND BACKUP DOCUMENTATION





REIMBURSEMENT DOCUMENTATION SUBMISSION ORDER

Required Documentation (In Order)

Cover Letter (CL Worksheet)

Billing Information Sheet (BW Worksheet)

Program Accomplishments Worksheet

Salary Worksheet (PRW Worksheet)

Detailed Timesheets (Signed by Employee & Supervisor)

Pay Advice (Need Employee Name, Pay Detail, Pay Period)

Backup Documentation for Other Budgeted Items

Billing Template File



PROOF OF PAYMENT

Reimbursements can only be processed for expenses/ costs that have cleared for the month in which the reimbursement is being requested

➤ Cleared (i.e. Proof of Payment) means:

1. Paystubs/ pay advances that includes fringe benefit information
2. Cleared checks from a banking institution
3. Credit card/ debit receipts showing payment was made
4. Utility/ telephone bills that clearly indicate that payment was received stated on the bill

BACKUP DOCUMENTATION

BUDGET LINE ITEM	REQUIRED DOCUMENTATION
Salaries/Fringe	Salary/Fringe Breakdown (PRW worksheet), Timesheets signed by employee and supervisor and must have a daily breakdown of CDBG vs. non-CDBG hours , One form of proof of payment (copy of cleared check, payroll system pay advice, copy of bank statement showing check has cleared)
Professional Services	Copy of executed contract/services agreement, Monthly invoice for services, Timesheets signed by employee and supervisor and must have a daily breakdown of CDBG vs. non-CDBG hours , One form of proof of payment
Telephone	Copy of service agreement (if requested), Copy of phone bill, Allocation of total cost that is eligible for reimbursement, One form of proof of payment
Utilities	Copy of utility bill, Allocation of total cost that is eligible for reimbursement, One form of proof of payment
Rent	Copy of lease agreement, Allocation of total cost that is eligible for reimbursement, One form of proof of payment

BACKUP DOCUMENTATION

BUDGET LINE ITEM	REQUIRED DOCUMENTATION
Insurance	Copy of invoice for insurance, Copy of policy, Allocation of total cost that is eligible for reimbursement, One form of proof of payment
Maintenance	Copy of executed contract/services agreement, Invoice for services with description of work performed, One form of proof of payment
Travel/Mileage	Mileage reimbursed at IRS-approved 2021 Standard Mileage Rate of \$0.56. Mileage report/log signed by employee and supervisor which includes: Date and time of travel, Destination and reason for travel, Beginning and ending mileage, License plate number of vehicle used. Please note: Travel cannot initiate from the home of an employee, only from the office.
Fingerprinting	Copy of fingerprint application, payment receipt, front/back photocopy of fingerprint clearance card

BACKUP DOCUMENTATION

BUDGET LINE ITEM	REQUIRED DOCUMENTATION
Program/Office Supplies	Please review the Procurement/Purchasing Guidelines before purchasing any equipment or supplies. Consult with your Grants Project Manager to confirm the item(s) are eligible for reimbursement.
Printing	Copy of invoice from printer with brief description of service provided, number of copies and both unit and extended costs, One form of proof of payment
Postage/Office Equipment	Please review the Procurement/Purchasing Guidelines before purchasing any equipment or supplies. Consult with your Grants Project Manager to confirm the item(s) are eligible for reimbursement.
Other	Discuss with your Grants Project Manager


*** Please consult with your Project Manager before making purchase ***

SAMPLE TIMECARD

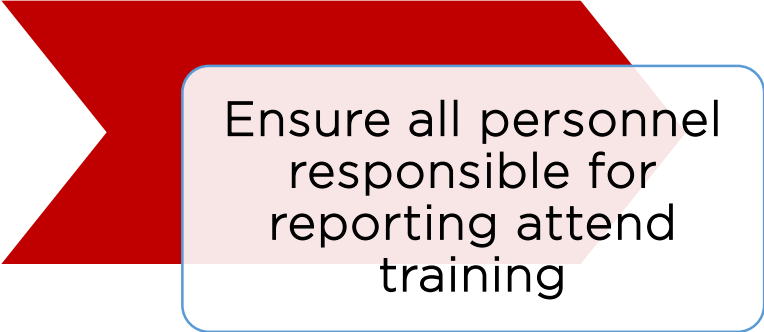
TIME SHEET											
NAME:							EMPLOYEE #:				1284
HOME DEPT:			Training and Program Development								
PERIOD:			November 2020								
Day of Month	IN	OUT	Reporting Code	Hours Worked by Service/Program						Total Hours	
				REGULAR	CDBG		PTO	OTHER	HD		
1			WKD/HOL	-	-	-	-	-	-	-	
2											
3											
4											
5											
6											
7			WKD/HOL								
8			WKD/HOL								
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25											
26			WKD/HOL								
27			WKD/HOL								
28			WKD/HOL								
29			WKD/HOL								
30											
Hours				-	-	-	-	-	-	-	
%s if Applicable				0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
			<input checked="" type="checkbox"/>	EXEMPT EMPLOYEE			CARES PS CDBG PHX CARES PS HD HOME DEPARTMENT OTHER Other Programs				
Employee Signature				Date			Supervisor Signature				Date



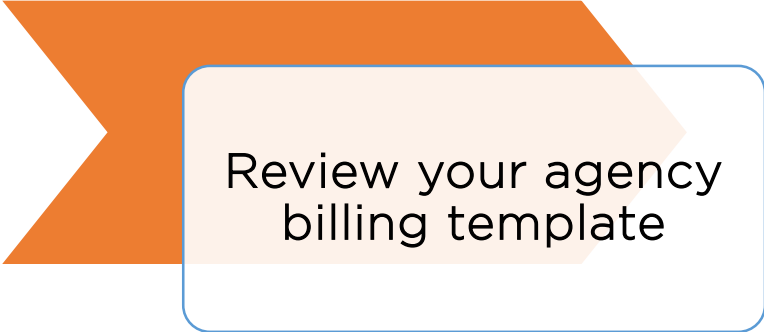
REIMBURSEMENT TIMELINES

- **REIMBURSEMENT REQUESTS ARE DUE THE 15TH OF EACH MONTH**
 - **SEND TO: NSD.CDBG.RFP@PHOENIX.GOV**
 - **SUBMISSIONS SHOULD INCLUDE ALL EXPENDITURES/ COSTS CLEARED WITHIN THE REPORTING MONTH.**
- 

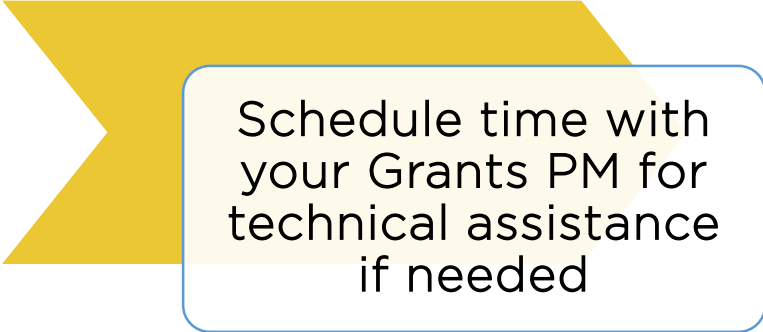
NEXT STEPS



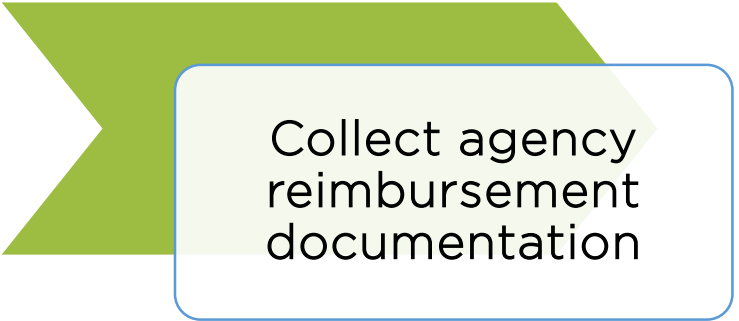
Ensure all personnel responsible for reporting attend training



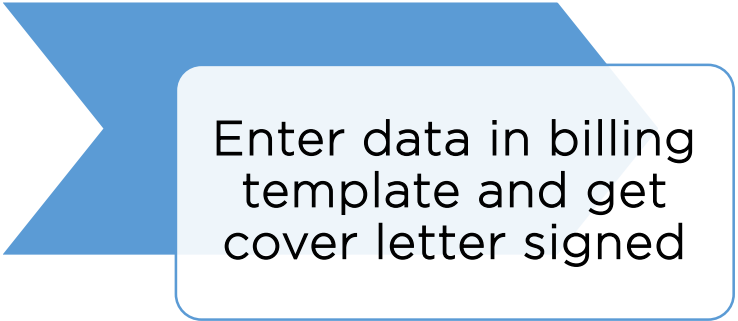
Review your agency billing template



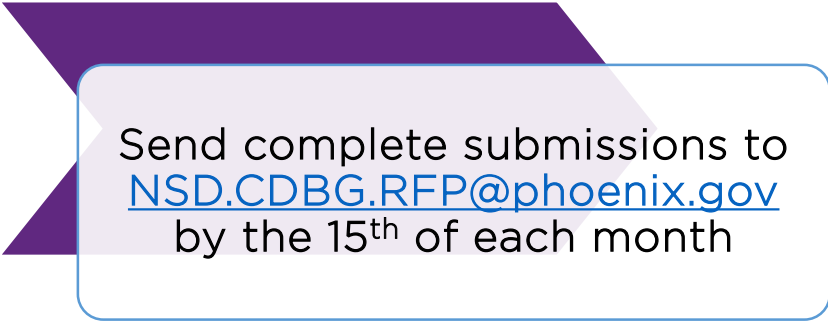
Schedule time with your Grants PM for technical assistance if needed



Collect agency reimbursement documentation



Enter data in billing template and get cover letter signed



Send complete submissions to NSD.CDBG.RFP@phoenix.gov by the 15th of each month

PROJECT MANAGER CONTACT INFORMATION

Alicia Rubio

(602) 262-6286

alicia.rubio@phoenix.gov

Amy Nordstrom Jones

(602) 534-6696

amy.Nordstrom.jones@phoenix.gov

Jennifer Emerson

jennifer.emerson@phoenix.gov



**NEIGHBORHOOD
SERVICES
DEPARTMENT**



AGENCY ASSIGNMENT

Amy Nordstrom Jones	Alicia Rubio	Jennifer Emerson
1N10 dba One-N-Ten	Arizona Recreation Center for the Handicapped	Be a Leader Foundation
Assistance League of Phoenix	Desert Mission Lincoln Learning Center	Big Brothers Big Sisters Central Arizona
Chicanos Por La Causa, Inc. - Seniors	Ekklesia Christian Church	Boys & Girls Clubs of the Valley
Chicanos Por La Causa, Inc. - Youth	Elevate Phoenix	Duet: Partners in Health & Aging
Child Crisis Arizona	Father Matters, Inc.	Future for Kids
Chrysalis Veterans Services, Inc.	Mo-Energiee Youth Foundation, Inc.	Neighborhood Ministries
G Road	New Pathways for Youth, Inc.	Phoenix Indian Center, Inc.
Homeless Youth Connection	Refugees & Immigrants for Community Empowerment	Sounds Academy
Lifeology AZ, Inc.	R.O.C.K. Foundation	Technical Assistance Partnership of Arizona
Raising Special Kids	Southern Arizona Association for the Visually Impaired	Valley of the Sun YMCA - Seniors
TigerMountain Foundation	Wesley Community & Health Centers	Valley of the Sun YMCA - Youth

QUESTIONS?



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SERVICES
DEPARTMENT**



City of Phoenix