Connecticut Permanent Supportive Housing Requirements & Operations Guide

CONNECTICUT
Mental Health & Addiction Services

Connecticut State
Department of Housing

Connecticut Balance of State Continuum of Care
Ending Homelessness in Connecticut | **Email:** ctboscoc@gmail.com | **Website:** www.ctbos.org

Opening Doors
Fairfield County, CT

Revised September 2026

CHANGE HISTORY

- Original version of the DMHAS Continuum of Care Rental Assistance (CoC RA) Operations Guide released October 2019
- August 2021 significant revisions:
    - Updated to reflect roll-out of DedicatedPLUS eligibility effective January 2021, including updates to the eligibility review and documentation section to align with the current CT BOS sample intake policy
    - Clarified who may be served under DedicatedPLUS category 3
    - Clarified that the Guide addresses the standard CoC program requirements and does not address any waivers that may be made available by HUD
    - Clarified that federal coronavirus relief (i.e., Economic Impact Payments, Recovery Rebate Credits, Child Tax Credits, and Federal Pandemic Unemployment Compensation) is excluded when determining participant income
    - Added guidance on estimating participant income
    - Clarified that owner assurances are required at each annual re-certification only
    - Added information regarding federal Limited English Proficiency (LEP) requirements
    - Added information regarding federal electronic document accessibility requirements
    - Aligned the indirect cost section to recent federal guidance
    - Clarified that efforts at landlord negotiation should be made to avoid eviction
- July 2022 significant revisions:
    - Altered methodology for estimating monthly income
    - Added procedures for transfers between CoC RA projects
    - Clarified that HAP contracts are required only for TRA and not PRA or SRA projects
- May 2023 significant revisions:
    - Broadened scope of the guide to cover all PSH funded by CT BOS, including projects funded via a contract with CT DOH
    - Added a requirement that PSH providers assess participants' need and preference for ongoing case management prior to termination when it is determined that a participant no longer qualifies for a rental subsidy
    - Added/updated the following notification requirements: Participant Bill of Rights, Grievance Rights, VAWA Emergency Tranfer Rights
    - Added information for PSH projects subsidized through sources other than CoC Rental Assistance (e.g., CoC Leasing, CoC Operating, CHFA)
    - Added information on the CT BOS Grievance process
    - Added details regarding security deposit return
    - Adjusted example demonstrating calculation of monthly income
    - Added that DMHAS PSH projects funded through the 2022 CoC Supplemental Notice of Funding Opportununity (SNOFO) to Address Unsheltered and Rural Homelessness use the broader HUD definition of disabling condition rather than limiting eligibility to only applicants who have a serious mental illness, chronic problems with alcohol, drugs or both, or acquired immunodeficiency syndrome (AIDS) and/or related diseases, as is the case for other DMHAS PSH projects.

- February 2024 significant revisions:
  - Added information related to the use of DMHAS Workbooks for required forms
- February 2025 significant revisions:
  - Added that documentation of rent reasonableness determinations, including 3 comparable units, must be maintained in participants' files.
  - Added information on Quarterly Progress Report requirements for SNOFO projects
  - Added information on payment for vacant units in leasing projects
  - Added information on the VAWA Budget Line Item
- April 2025 significant revisions:
  - Removed reference to now defunct federal requirement to conduct a forms assessment of needs and written implementation to ensure access for people with Limited English Proficiency; expectation that projects accommodate participants language needs remains.
- April 2026 significant revisions:
  - Added information and examples on how to determine and document participant income
  - Added information on Engagement Principles and service participation requirements for CoC funded projects
  - Added information on HQS inspections to document unit condition at exit and security deposit refund requests
  - Added information on the CAN Referral Documentation Form
  - Added information on best practices for keeping people and their pets together
  - Added information on the HMIS Homeless Verification View
  - Added information on PRWORA immigration verification requirements
  - Added information on Nationwide Environmental Review
  - Added information on new requirement for CT written rental agreements
  - Updated the de minimis indirect rate
  - Updated the threshold for the small purchase procurement method
- September 2026 significant revisions:
  - Added a requirement on assessment for and linkages to a higher level of care
  - Updated HMIS VoH information to reflect required use effective 10/1/26

ACKNOWLEDGMENT

CT DMHAS and CT BOS wish to acknowledge the Missouri Department of Mental Health (DMH). In developing this Guide, the authors drew heavily upon the DMH *Shelter Plus Care Operations Manual.*

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DEFINITIONS

Applicant is a person or household in need of housing assistance who is receiving assistance from a Coordinated Access Network (CAN).

Chronically Homeless: HUD's Final Rule on Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically Homeless" defines chronic homelessness as follows:

A ''homeless individual with a disability'' who

(1) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND

(3) Has been homeless and living as described in paragraph (1) above continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1) above. Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

OR

(2)An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; OR

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

PSH projects with beds designated for people experiencing chronic homelessness must comply with the regulations promulgated by the final rule on the definition of chronic homelessness for all program participants admitted after January 15, 2016. The regulations promulgated by this rule do not apply retroactively to program participants admitted to a Continuum of Care Program project prior to January 15, 2016. Effective January of 2021, all PSH projects located in CT BOS began using DedicatedPLUS eligibility criteria (see definition below.) All PSH projects located in ODFC began using DedicatedPLUS eligibility criteria for projects awarded through the 2019 CoC Competition.

Continuum of Care (CoC): To receive homeless assistance funding through the U.S. Department of Housing and Urban Development (HUD) communities are required to establish and maintain a CoC. CoCs are responsible for determining funding priorities, establishing policies, and coordinating strategies toward ending homelessness in their region. DMHAS CoC Rental Assistance (CoC RA) projects are

located in both of the existing CoCs within the state (i.e., the Balance of State CoC and Opening Doors Fairfield County).

Coordinated Access Networks (CANs) are regional entities overseen by the CT Department of Housing (DOH) and staffed by DOH and/or DOH contracted non-profit agencies. CANs are located across the state that ensure a consistent and uniform access, assessment, prioritization, and referral processes to determine the most appropriate response to each presenting individual's and family's immediate housing needs.

DedicatedPLUS: A DedicatedPLUS project is a permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals, households with children, and unaccompanied youth that at intake are:

(1) experiencing chronic homelessness (CH); or

(2) residing in a Transition Housing (TH) project that will be eliminated and was chronically homeless when entered TH project; or

(3) residing in Emergency Shelter or unsheltered location and had been admitted and enrolled in a PSH or RRH project (having met CH criteria upon entering) within last year, but was unable to maintain housing placement[1]; or

(4) residing in TH funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness prior to entering the project; or

(5) residing in Emergency Shelter or unsheltered location for at least 12 months in the last 3 years, but has not done so on 4 separate occasions and the individual or head of household meet the definition of 'homeless individual with a disability'; or

(6) receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met 1 of the above criteria at initial intake to the VA's homeless assistance system.

Effective January of 2021, all CT BOS PSH projects converted to DedicatedPLUS. All PSH projects located in ODFC began using DedicatedPLUS eligibility criteria for projects awarded through the 2019 CoC

[1] HUD has indicated that to qualify as DedicatedPLUS a person would need to have been admitted for permanent housing entry, enrolled in the permanent housing project, and exited that project - all within the previous twelve months from the date of intake into the DedicatedPLUS project (AAQ Question ID 168538). HUD has further indicated that, in a scenario in which a person was residing in RRH, the individual or head of household must have met the homelessness and disability eligibility criteria for DedicatedPLUS PSH project at intake into the RRH project, however it is not required that this be verified at intake into RRH. The required length of time homeless must have occurred by the time the person was housed in the RRH unit. The recipient of RRH could use the time the individual is being assisted in their program to collect the documentation of homelessness history that will be required for PSH if they believe a transfer to PSH may be necessary. In regards to documentation for disability, this can be obtained after the individual or head of household is already enrolled in the RRH project since it is assumed that the disability already existed prior to the individual presenting for assistance based on the nature of the disability being "long-continuing or of indefinite duration." (AAQ Question ID 168792).

Competition. For both CoCs only people who meet DedicatedPLUS eligibility criteria can now be admitted to PSH.

Disabling Condition is (1) A condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

DMHAS CoC Rental Assistance (CoC RA) Project is a PSH project that utilizes the CoC Rental Assistance Budget Line Item and in which DMHAS serves as the Recipient of CoC funds.

DMHAS Office of the Commissioner, Housing and Homeless Services Unit is the central unit within the Connecticut Department of Mental Health and Addiction Services (DMHAS) that serves as the applicant and grantee for HUD CoC RA funds and provides leadership and guidance related to the CoC RA program statewide.

E-snaps is HUD's web-based application system used by CoCs and project applicants to submit project and CoC applications and technical submissions during the annual CoC competition.

Family: Under the CoC Rental Assistance Program the definition of family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.

Grant Agreement is the legal document executed by the agency that receives CoC funds directly from HUD (i.e., the Recipient)and HUD for each CoC project. The grant agreement defines the grant term, award amount, approved budget and other terms. The terms of the grant agreement may only be changed through a grant agreement amendment executed by the Recipient and HUD.

HMIS Lead is the entity designated by a CoC, in accordance with the CoC Program Interim Rule to manage the CoC's HMIS on the CoC's behalf.

Housing Providers are either Local Mental Health Authorities (LMHAs), which are state operated or private, non-profit agencies) or non-profit agencies that administer CoC Rental Assistance, Leasing, and/or Operating funds and provide housing coordination to project participants.

Literally Homeless: The definition of "literally homeless" currently in effect for the CoC Program is that which is defined in the HEARTH Act: Defining ''Homeless'' Final Rule: [2]

The individual or head of household is living in a place not meant for human habitation, in an emergency shelter, transitional housing, or a safe haven; OR
Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking; and has no other residence; and lacks the resources or support networks to obtain other permanent housing.

Participants currently receiving rapid re-housing assistance (RRH), who met these criteria prior to entry into RRH, retain their literal homeless status during the time period that they are receiving the RRH assistance.

Participants currently in transitional housing (TH), who originally came from the streets or an emergency shelter, retain their literal homeless status during the time period that they are residing in TH. Participants currently in TH may, however, be restricted from occupying some permanent supportive housing if that housing was funded under a 'Bonus' in the FY 2014 and FY 2015 NOFA Competitions, as they cannot be considered Chronically Homeless.

Applicants residing in an institution for less than 90 days who were homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entry into the institutional care facility retain their literal homeless status. People who lived in Transitional Housing prior to entering an institution are not literally homeless.

Local Mental Health Authorities' Housing Offices (LMHA) are regional entities located across the state that are operated either directly by DMHAS or by a DMHAS funded non-profit agency. LMHAs typically serve as the Housing Provider for DMHAS CoC RA projects.

Matching funds are committed by the grant recipient or a subrecipient in the project application and must be expended on eligible CoC Program costs – not limited to approved budget line items. HUD requires a minimum match equal to 25 percent of the total CoC funds awarded, excluding any amount awarded on the leasing budget line item. DMHAS commits and documents match when they are the grant recipient.

[2] 24 CFR Parts 91, 582, and 583; Homeless Emergency Assistance and Rapid Transition to Housing: Defining ''Homeless'' Final Rule; Federal Register / Vol. 76, No. 233 / Monday, December 5, 2011 / Rules and Regulations. Available at

Project Applicant is a private nonprofit organization, state or local government, or instrumentality of a state or local government that applies for CoC Program funds by submitting a project application to HUD. DMHAS serves as the project applicant for all DMHAS CoC RA projects.

Project Application is the request for renewal or new project funding submitted to HUD during the annual CoC Program competition via their web-based application system, known as E-snaps. HUD uses information provided in the project application to determine whether or not the project will receive/continue to receive funding. HUD also uses this information to establish the terms of the project's grant agreement.

Project Participant is the person or household who receives assistance through a CoC PSH project.

Project Participant Chart is a consolidated paper or electronic record maintained by the Housing Providers and Service Provider and containing all required documents as defined by HUD, DMHAS, and the relevant CoC. Guidance on documents required by HUD and the CT BOS CoC for all CoC funded project participants is available here. See also this checklist of documents required by DMHAS for CoC RA participants.

Property Owner is an owner and/or manager of congregate or scattered site rental properties who rents to CoC PSH program participants.

Recipient is a private nonprofit organization, state or local government, or instrumentality of a state or local government that signs a CoC grant agreement with HUD. DMHAS serves as the recipient for all DMHAS CoC RA projects. Other organizations, most typically a non-profit agency, serve as the recipient for other types of PSH.

Service Provider is a non-profit agency that directly provides and coordinates support services for households participating in PSH projects. In some cases, a non-profit agency serves both as the Service Provider and the Housing Provider. In DMHAS CoC RA projects only non-profit agencies that receive either CoC Supportive Services funds or are otherwise contracted by DMHAS to provide services to project participants are considered a Service Provider for the purposes of the requirements outlined in this Guide.

Subrecipient is a private nonprofit organization, state or local government, or instrumentality of a state or local government that receives a sub-grant from the Recipient to carry out a project (24 CFR 578.3).

Technical Submission is the E-snaps process HUD uses to enable project applicants to provide any additional information (E-Snaps screen c1.9a), resolve any issues and conditions and/or make any

allowable changes to the project application post submission of the application as determined necessary by HUD and/or the project applicant.

211 United Way is a program of United Way of Connecticut and is supported by the State of Connecticut and Connecticut United Ways. The specialized housing unit funded by DOH is the single point of entry to all housing and homeless services. Households in need of services should contact 2-1-1 (option 3) to speak with a Housing Crisis Specialist.

Victim Service Provider is a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

SECTION 1: INTRODUCTION

The federal Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), enacted into law on May 20, 2009, consolidates previously separate homeless assistance programs administered by the United States Department of Housing and Urban Development (HUD) under the McKinney-Vento Homeless Assistance Act into a single grant program, which is now known as the Continuum of Care (CoC) program. The former Shelter Plus Care program is subsumed by the CoC program.

Permanent Supportive Housing (PSH) provides housing subsidies in connection with supportive services on a long-term basis for persons experiencing homelessness with disabilities. [3] The Connecticut Balance of State Continnum of Care funds PSH projects in Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham counties, including projects operated by the State of Connecticut Department of Mental Health and Addiction Services (DMHAS) through their Continuum of Care Rental Assistance program (CoC RA). DMHAS CoC RA projects operate across the State of Connecticut in both the Balance of State and Opening Doors Fairfield County Continuums of Care. In July 2012, HUD published the CoC Program Interim Rule, which establishes the rules and regulations for the PSH Program [4] under which all CoC funded PSH including DMHAS CoC RA projects operate.

Purpose of the Permanent Supportive Housing Requirements & Operations Guide

The purpose of the Connecticut Permanent Supportive Housing Requirements and Operations Guide (hereinafter referred to as the "Guide") is to establish standard concepts, definitions, policies and

[3] 24 CFR Parts 91, 582, and 583; Homeless Emergency Assistance and Rapid Transition to Housing: Defining ''Homeless'' Final Rule; Federal Register / Vol. 76, No. 233 / Monday, December 5, 2011 / Rules and Regulations.

[4] 24 CFR Part 578; Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program; Interim Final Rule; Federal Register / Vol. 77, No. 147 / Tuesday, July 31, 2012 / Rules and Regulations.

procedures for CT BOS PSH, including all CT BOS PSH funded via a contract with the CT Department of Housing (DOH) and the DMHAS CoC Rental Assistance program. This includes tenant, sponsor and project based rental assistance and projects receiving CoC operating, leasing, and/or supportive service funds. Each section of the Guide specifies the extent to which the requirements contained in that section apply to all CT BOS PSH or only to DMHAS CoC Rental Assistance projects.

The Connecticut Permanent Supportive Housing Requirements & Operations Guide replaces the June 2017 CoC Program PSH Rental Assistance Administrative Plan and the CT DMHAS CoC Rental Assistance Operations Guide. The updated Guide is intended to ensure that CT BOS, DMHAS, DMHAS subrecipients, DOH, DOH subrecipients, and CoC PSH housing and service providers uniformly apply requirements established by HUD, DMHAS and the relevant Continuum of Care, including compliance with the minimum standards required for the provision of supportive services in CoC PSH.

The Guide is not intended to provide extensive information about best practices for provision of supportive services in PSH. The Guide is primarily intended as a resource for DMHAS staff working in CoC RA Programs and non-profit agency staff providing housing and services to CoC PSH participants. The Guide provides basic information on federal fiscal requirements for project operations and supportive services staff. It is not intended to provide an exhaustive resource on these matters.

When the Guide does not otherwise address an issue, CoC PSH projects are required to follow the appropriate provisions of the McKinney-Vento Homeless Assistance Act, as amended by the HEARTH Act, and the Code of Federal Regulations. This Guide is subject to change based on changes in CT BOS policies, DMHAS and DOH funding contracts as well as changes in federal laws and regulations. Providers will be notified of any of these changes and the posted document will reflect amendments/changes. The most recent version of the Guide is available at www.ctbos.org/resources.

The Guide does not govern the use of CoC Rental Assistance in the rapid re-housing or transitional housing components. For information on the Connecticut Rapid Rehousing program see the Connecticut Statewide Rapid Rehousing Operations Guide.

DMHAS Standardized Forms and Other Documents

Effective February 2024 DMHAS Housing and Homeless Services Unit requires the use of the CoC Rental Assistance Workbooks for generation of tenant documentation for participants in DMHAS TRA, PRA and SRA grants. The accompanying CoC RA Reference Guide is provided to assist with the use of these Workbooks. Please note that throughout this document when the forms within these workbooks are referenced, the workbook linked below appropriate for the project type or change order is to be used. TRA is to be used for tenant based rental assistance. PRA-SRA is to be used for project based or sponsor based rental assistance.

CoC Rental Assistance Workbook TRA includes:

- Calculation Worksheet

- New Admission Form (NAF)
- HAP Contract
- Lease
- Occupation Continuation Form
- Payment Notification Approval
- Rent Reasonableness
- Notification of Annual Review
- Contract Amendment
- VAWA Lease Addendum
- Security Deposit Refund Request

CoC Rental Assistance Workbook PRA-SRA includes:

- Calculation Worksheet
- New Admission Form (NAF)
- Lease
- Occupancy Continuation Form
- Payment Notification Approval
- Rent Reasonableness
- Notification of Annual Review
- VAWA Lease Addendum
- Security Deposit Refund Request

Super Change Order Workbook includes:

- Change Order
- Calculation Worksheet
- Change Tenant Payment Form

Additional DMHAS established documents required for use in DMHAS CoC RA projects are available at https://www.ctbos.org/dmhas-coc-rental-assistance-documents. Except as noted in this Guide use of the DMHAS CoC RA forms and documents is optional for other types of PSH. When using the standard DMHAS forms and documents, non-DMHAS projects must be sure to make all necessary customizations, for example, removing any references to DMHAS involvement in the project.

SECTION 2: KEY PARTNERS

Ending chronic homelessness and establishing a path to end all homelessness across the State of Connecticut requires close coordination among multiple partner organizations and prioritization of

resources so that assistance is allocated as effectively as possible and is easily accessible no matter where or how people experiencing homelessness present. Ensuring that CoC PSH resources are effectively prioritized and mobilized requires close coordination among people in need of the services, the CT Balance of State and Opening Doors Fairfield County Continuums of Care, DMHAS' Office of the Commissioner, Local Mental Health Authorities, the Coordinated Access Networks, non-profit agencies providing supportive services to program applicants and participants, agencies that own and/or manage congregate housing, and private market landlords.

The success of CoC PSH projects relies on the diligence and collaboration of all parties involved. This section provides an overview of the roles and responsibilities of each party. Additional details regarding these responsibilities are contained throughout this Guide. The parties consist of:

- **Continuums of Care (CoC)**
- **Coordinated Access Networks (CANs)and 211**
- **DMHAS Office of the Commissioner, Statewide Services Division, Housing and Homeless Services Unit**
- **Housing Providers**
- **Service Providers**
- **Property Owners**
- **Project Participants**
- **United Way 211**

Responsibilities of a Continuum of Care

- **Manage planning efforts to end homelessness.** The Balance of State (CT BOS) and Opening Doors Fairfield County (ODFC) CoCs each manage a year-round planning effort that includes: establishing policies and plans toward ending homelessness in their respective regions, analyzing information to determine needs of people experiencing homelessness in the regions, establishing priorities for how to use funding made available by HUD, and coordinating with other systems and programs serving people experiencing homelessness.
- **Evaluate project performance.** The CoCs set performance standards and evaluate projects funded through their CoCs against those standards. CoCs take action, as necessary, to strengthen project performance and address substandard performance.
- **Monitor project compliance.** The CoCs monitor compliance with HUD and CoC requirements and take action, as necessary, to strengthen compliance and address compliance issues.
- **Provide training and technical assistance.** The CoCs provide training, technical assistance and other resources to support agencies' efforts to provide the highest quality services.
- **Designate a Homeless Management Information System (HMIS).** The CoCs designate an HMIS for their geography and an HMIS lead agency that is responsible for ensuring that the HMIS is administered in compliance with HUD requirements.

- **Prepare an application for CoC funds.** The CoCs establish priorities that align with local and federal policies and strategic objectives. Based on those priorities they recommend projects for HUD CoC Grant funding. The CoCs also designate an eligible collaborative applicant to collect and combine the required application information from all applicants. In addition, the CoCs design, operate, and follow a collaborative process for the development of a CoC application to HUD and approve the final submission of that application in response to the CoC Notice of Funding Opportunity (NOFO).
- **Establish written standards.** HUD requires that each CoC establish written standards for administering CoC assistance.[5] These standards are adopted by the governance bodies of each CoC (i.e., CT BOS Steering Committee and the ODFC Executive Committee). CoC PSH projects are required to comply with these written standards.

Continuum of Care Contact Information

- **CT Balance of State Continuum of Care** – ctboscoc@gmail.com
- **Opening Doors Fairfield County** - openingdoorsoffairfieldcounty@gmail.com

Responsibilities of Coordinated Access Networks (CANs) and 211

HUD has determined that an effective coordinated entry process is a critical component of efforts to end homelessness and has required that all CoCs develop Coordinated Entry Systems (24 CFR 578.7). Throughout the State of Connecticut, CANs have been established to serve the following functions:

- **Ensure access to homeless services.** The United Way's 211 service ensures that service entry points are easily accessible throughout the state and are well-advertised. 211 serves as the statewide entry point for all CT CANs. People in need of assistance call 2-1-1 from anywhere in the state to start the process. 211 refers anyone experiencing a housing crisis to the CAN in the caller's community.
- **Assess needs.** CANs gather information about applicants' service needs, housing barriers, vulnerabilities, and strengths.
- **Determine eligibility.** Each CAN establishes a system for helping applicants to gather eligibility documentation, and CANs make preliminary determinations regarding which applicants are eligible for which resources.
- **Prioritize assistance.** Because communities do not have adequate resources to meet all needs of people experiencing homelessness, CoCs rely on the CANs to prioritize assistance based on length of

[5] 24 CFR § 578.7 Responsibilities of the Continuum of Care - requires CoCs to establish and consistently follow written standards for providing Continuum of Care assistance. HUD regulations available at: https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/; CT BOS CoC written standards (i.e. Policies & Procedures available at: www.ctbos.org, Opening Doors Fairfield County written standards available at: https://www.thehousingcollective.org

homelessness and/or severity of service needs. This process reflects state-wide priorities and establishes a priority rank for each household seeking housing and services through the homeless services system.

- **Make referrals.** CANs coordinate the connection of eligible individuals to appropriate and available housing and service interventions.
- **Establish Coordinated Entry policies.** The State of CT Department of Housing (DOH) oversees the implementation of CANS and the homeless response system for the State of CT. This includes CAN policy and procedure development, ensuring policies are compliant with HUD requirements and recommending policies for adoption by the CT BOS Steering Committee and the ODFC Executive Committee. These policies are compiled in the CT CAN Policies and Procedures Manual.

CAN Contact Information

Contact information is available here.

Responsibilities of DMHAS Office of the Commissioner, Statewide Services, Division, Housing and Homeless Services Unit

Most PSH projects in CT receive CoC Rental Assistance and/or CoC or state funding for supportive services through DMHAS. The DMHAS responsibilities described below apply only in PSH projects that have funding contracts with DMHAS.

- **Ensures uniformity**. Establishes statewide requirements and ensures uniformity of practice for the DMHAS CoC RA projects.
- **Issues contracts**. Issues and periodically updates contracts defining the responsibilities of Service Providers. Issues contract addenda delineating the amounts of CoC program funds being received for each CoC RA project on each budget line item and any cash match amount that the service provider is responsible for securing and documenting.
- **Ensures compliance**. Conducts and/or contracts with a vendor to conduct on-site and/or remote monitoring of Housing Providers and Service Providers' compliance with federal, state, and local CoC requirements.
- **Provides training and technical assistance.** Regularly convenes Housing Providers and Service Providers and disseminates ongoing, up-to-date guidance. Identifies technical assistance and training needs and provides and/or contracts with a vendor to provide technical assistance and training to support compliance with requirements and advance best practices in the provision of PSH services.
- **Coordinates with key partners.** Coordinates with the Balance of State and Opening Doors Fairfield County CoCs, the CANs, and other partners to ensure effective collaboration, strategic use of resources, and appropriate governance of CoC and CAN processes.
- **Oversees project performance**. Regularly reviews each housing project's performance based on standards adopted and analysis conducted by the Balance of State and Opening Doors Fairfield County CoCs. Takes action as necessary to ensure improvement when performance is determined to be substandard.
- **Oversees project expenditures**. Regularly compiles and reports data on expenditure of CoC RA funds to assist the Housing Provider and Service Provider to support full expenditure and prevent over expenditure. Periodically monitors expenditures and provides oversight, guidance and technical assistance as necessary.

DMHAS Office of the Commissioner, Statewide Services Division, Housing and Homeless Services Unit Contact Information

Contact information for the Office of the Commissioner

Contact Information for the Housing and Homeless Services Unit.

Responsibilities of DOH, Individual and Family Support Unit

A small number of CoC PSH projects in CT have funding contracts through the CT Department of Housing (DOH). DOH oversees CANs across the state (for more information see CAN responsibilities). In addition, the DOH responsibilities described below apply only in PSH projects that have funding contracts with DOH.

- **Ensures uniformity**. Establishes statewide requirements and ensures uniformity of practice for the DOH CoC PSH projects.
- **Issues contracts**. Issues and periodically updates contracts defining the responsibilities of Service Providers. Issues contract addenda delineating the amounts of CoC program funds being received for each CoC project on each budget line item and any cash match amount that the service provider is responsible for securing and documenting.
- **Ensures compliance**. Conducts and/or contracts with a vendor to conduct on-site and/or remote monitoring of Housing Providers and Service Providers' compliance with federal, state, and local CoC requirements.
- **Provides training and technical assistance.** Disseminates ongoing, up-to-date guidance. Identifies technical assistance and training needs and provides and/or contracts with a vendor to provide technical assistance and training to support compliance with requirements and advance best practices in the provision of PSH services.
- **Coordinates with key partners.** Coordinates with the Balance of State and Opening Doors Fairfield County CoCs, the CANs, and other partners to ensure effective collaboration, strategic use of resources, and appropriate governance of CoC and CAN processes.
- **Oversees project performance**. Regularly reviews each housing project's performance based on standards adopted and analysis conducted by the Balance of State and Opening Doors Fairfield County CoCs. Takes action as necessary to ensure improvement when performance is determined to be substandard.
- **Oversees project expenditures**. Regularly compiles and reports data on expenditure of CoC RA funds to assist the Housing Provider and Service Provider to support full expenditure and prevent over expenditure. Periodically monitors expenditures and provides oversight, guidance and technical assistance as necessary.

DOH, Individual and Family Support Programs Contact Information:

Steve Dilella: steve.dilella@ct.gov

Responsibilities of Housing Providers

- **Comply with DMHAS, HUD, and CoC requirements** Housing Providers comply with the requirements described in this Guide, the relevant HUD regulations, and the relevant CoC's written standards. This includes but is not limited to:
  - CoC Program Interim Rule
  - Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards: 2 CFR part 200
  - Applicable CoC Written Standards: CT BOS Policies & Procedures; Opening Doors Fairfield County
- **Make referrals**. Housing Providers refer households identified to be in need of assistance to 211.

- **Report vacancies**. Housing Providers report within 2 business days actual and/or anticipated housing project vacancies to the relevant CAN.
- **Help participants to navigate local CAN process.** Housing Providers maintain familiarity with and actively participate in the local CAN process. Assist clients, as needed, to document eligibility and access housing assistance through the CAN.
- **Make final determination of participant eligibility**. Housing Providers review all participant eligibility documentation received from the CAN for completeness and ensure eligibility is adequately documented up to the date of project entry. For DMHAS CoC RA the project entry date is typically the date the rental assistance certificate is issued and is sometimes the date the pariticipant moves into housing. Housing Providers also notify participant, service provider and/or CAN of missing/inadequate documentation and assist, as necessary, to obtain additional documentation.
- **Assist with housing search** Housing Providers assist the household in the process of locating a unit as quickly as possible and within 60 days of the project voucher issue date. In some cases, this function may be assigned by the DMHAS Housing and Homeless Services Unit or to the Service Provider instead of the Housing Provider. If more time is needed, the Housing Provider may grant a 60-day extension. Housing Providers shall establish criteria used locally for extension authorization. Such criteria may include, for example, evidence that the participant has actively sought housing and/or consideration of barriers to housing, such as criminal history, previous evictions, and very poor credit.
- **Administer rental assistance.** Housing Providers administer rental assistance, including issuing annual re-certification letters, assisting the participant in completing all required re-certification documents, reviewing lease terms with the participant, ensuring lease/ Housing Assistance Payment (HAP)/owner assurance execution, conducting Housing Quality Standards (HQS) inspections, determining rent reasonableness, verifying participant income verification, calculating participant rent, and processing payment requests to ensure on-time subsidy payment to landlords.
- **Ensure service provision.** Housing Providers connect participants with a service provider and actively encourage reluctant participants to engage in services. In some cases, Housing Providers directly provide support services.
- **Eligible Expense Documentation.** Housing Providers document, in accordance with HUD requirements, expenditures on eligible costs for the rental assistanc, operating, and/or leasing budget line items.
- **Ensure appropriate project expenditures**. Housing Providers regularly review data on expenditure of CoC funds, including but not limited to any info on CoC RA funds provided by the Housing and Homeless Services unit. Housing Providers adjust any data provided by DMHAS based on currently available information about actual and anticipated unit occupancy. Housing Providers lead efforts to ensure full expenditure and prevent over expenditure of CoC funds. Housing Providers coordinate with the Service Provider and, when applicable, the Housing and Homeless Services unit to make adjustments as necessary to ensure full expenditure and prevent over expenditure.
- **Coordinate with responsible parties**. Housing Providers coordinate with Project Participants, Service Providers, Property Owners, CANs and when applicable the DMHAS Housing and Homeless Services

Unit, as needed, on a range of issues, including unit habitability, emergency situations, critical incident submissions, safety, grievances, and compliance with project requirements.

Responsibilities of Service Providers

PSH projects typically have one or more non-profit agencies designated to provide case management and other supports to PSH participants. Those agencies receive CoC supportive services and/or DMHAS funds to support that work. In DMHAS CoC RA projects, the roles and responsibilities of the entity primarily responsible for providing supportive services at each CoC PSH project, including both subrecipients on the CoC grant and agencies that provide services through non-CoC program funding sources are defined in contracts with DMHAS and include those listed below. In some cases, the Service Provider is also the Housing Provider and responsible for the items listed in that section of this Guide.

- **Comply with DMHAS, HUD, and CoC requirements.** Service Providers comply with the requirements described in this Guide, the relevant HUD regulations, and the relevant CoC's written standards. This includes but is not limited to:
  - CoC Program Interim Rule
  - Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards: 2 CFR part 200
  - Applicable CoC Written Standards: CT BOS Policies & Procedures; Opening Doors Fairfield County
- **Comply with DMHAS contract(s)**. If applicable, Service Providers comply with the terms of their DMHAS contracts.
- **Eligible Expense Documentation.** Service Providers document, in accordance with HUD requirements, expenditures on eligible costs for the supportive services, project administration, and HMIS budget line items. Service Providers document, in accordance with HUD requirements, receipt and expenditure of any cash match amount as indicated in any contract addenda received from DMHAS.
- **Make referrals**. Service Providers refer households identified to be in need of assistance to 211.
- **Report vacancies**. Service Providers report within 2 business days actual and/or anticipated housing project vacancies to the relevant CAN. In some cases, this may be the function of the Housing Provider.
- **Help participants to navigate local CAN process.** Service Providers maintain familiarity with and actively participate in the local CAN process. Service Providers assist clients, as needed, to document eligibility and access housing assistance through the CAN. In some cases, this may be the function of the Housing Provider.
- **Make final determination of participant eligibility**. Service Providers review all participant eligibility documentation received from the CAN for completeness and ensure eligibility is adequately documented up to the date of project entry. For DMHAS CoC RA the project entry date is typically the date the rental assistance certificate is issued and is sometimes the date the pariticipant moves into housing. Service Providers notify the participant, Housing Provider and/or CAN of

missing/inadequate documentation and assist, as necessary, to obtain additional documentation. In some cases, this may be the function of the Housing Provider.

- **Provide comprehensive support services.** Service Providers deliver and document comprehensive support services to all project participants. This includes but is not limited to:
    - **Housing search**. Assist the household in the process of locating a unit as quickly as possible and within 60 days of the project voucher issue date. If more time is needed, the service provider may seek a 60-day extension from the Housing Provider.
    - **Needs assessment.** Conduct an assessment of participants' supportive service needs at least every 6 months and adjust services accordingly.
    - **Housing stabilization services.** Provide services to assist participants to stabilize in housing. Services are provided at a frequency that is responsive to participant needs. Staff educates participants regarding the rights and obligations of tenancy, monitors lease compliance and offers assistance when lease violations occur. Property managers/landlords and not service staff are responsible for enforcing the lease.
    - **Assertive engagement.** Make regular attempts using a variety of contact methods to engage participants. When participants decline services or otherwise demonstrate reluctance to engage, uses of a variety of contact methods to engage.
    - **Service planning.** Complete service plans within 60 days of project entry and update plans at least every 6 months.
    - **Home visits.** Meet with participants in their apartments at a frequency that is commensurate with participant needs and at least once within the first 30 days of tenancy and at least every 6 months.
    - **Increase participant income**. Assist participant households to increase income through benefits and/or employment.
    - **Maximize independence**. Assist participant households to build skills and maximize independence. This includes assessing participants who have stabilized in housing for interest in and providing assistance with moving-on.
- **Maintain participant files**. Maintain a complete file record for each household enrolled in and exited from the PSH project. Files must be maintained for a minimum of 5 years after the end date of the last grant period under which the participant was served. Household files must be maintained in a manner that makes the information accessible and legible to DMHAS and other authorized parties, such as the CoCs and HUD, for purposes of conducting monitoring.
- **Maintain financial records**. Maintain financial records in accordance with State (if applicable) and Federal requirements demonstrating appropriate use of CoC program and matching funds.
- **Conduct property owner outreach**. Encourage Property Owners of decent, safe, and affordable housing to lease units to PSH Participant Households, and to notify the CAN and/or Housing Provider of their available units.
- **Enter HMIS data**. Enter accurate HMIS data in a timely manner in accordance with all requirements established by DMHAS, the relevant CoC, and the HMIS lead agency. Review data periodically to

ensure accuracy. This includes but is not limited to reviewing data accuracy in advance of the deadlines for the Annual Progress Report submission to HUD and for Renewal Evaluation, Housing Inventory and Point in Time Cout (HIC/PIT), and Systems Performance Measure data clean up as established by the relevant CoC. In some DMHAS CoC Rental Assistance Projects, this function may be assigned by the Housing and Homeless Services Unit to the LMHA instead of the Service Provider.

- **Submit information to the CoC.** Complete, in a timely manner, all relevant submissions as required by the relevant CoC. This includes but is not limited to: all annual renewal evaluation materials, all annual CoC competition application materials, and all annual HIC/PIT materials. Some or all of these functions may be assigned by the Housing and Homeless Services Unit to the Housing Provider instead of the Service Provider.
- **Ensure appropriate project expenditures**. Regularly review data on expenditure of CoC funds, including, if applicable, data on RA funds expenditure provided by the Housing and Homeless Services Unit and adjust data based on currently available information. Coordinate with the Housing Provider and Housing and Homeless Services Unit to make adjustments as necessary to ensure full expenditure and prevent over expenditure.

Responsibilities of Property Owners

- **Maintain contractual and legal obligations**. Property Owners must comply with the provisions of leases and Housing Assistance Payment (HAP) contracts, and all applicable state, federal, and local statutes, regulations and ordinances. Property owners must perform regular maintenance and perform all management and rental functions as required by Connecticut landlord-tenant laws. Property Owners must comply with federal, state, and local laws regarding fair housing and non-discrimination. Property Owners may not discriminate against households on the grounds of race, color, creed, religion, gender, gender identity/expression, sexual orientation, national origin, ancestry, disability, age, family or marital status, or legal source of income. Property Owners must comply with the applicable provisions of the Violence Against Women Act (VAWA). Property Owners must include the Standardized Rental Terms Summary Form as the first page of every written rental agreement. This applies to new or renewal leases executed on or after April 1, 2026.
- **Report tenant issues**. The Property Owner must notify the Housing Provider of any disputes between the Property Owner and a project participant and may request a meeting with the involved parties to attempt resolution.
- **Report vacancies in CoC units**. Property Owners must notify the Housing Provider as soon as possible when it becomes known to them that a participant has vacated a CoC supported rental unit with or without notice.
- **Supply vacancy information**. Property Owners should keep the Housing Provider and/or CAN informed of vacancies in their other units that may be available to house additional participants.
- **Lease Violations and Evictions**. If a Property Owner evicts a household, the eviction must be handled legally under the provisions of Connecticut landlord-tenant laws, just as for any other tenant. The

Property Owner must give the Housing Provider and/or Service Provider written notice of lease violations and eviction proceedints at the same time the Project Participant is notified.

Responsibilities of Project Participants

- **Provide required information**. Participants are responsible for providing the CAN, Housing Provider and/or Service Provider with accurate information that certifies their initial and continuing eligibility. Participants must accurately disclose all household income upon admission, at annual re-certification, and at any interim income redetermination periods determined by the Housing Provider to be necessary. Participants must also report to the Housing Provider, within 10 days, changes in family composition and income that occur during their tenancy. Only income changes of more than $40 per month if the change is expected to be ongoing must be reported. Both income increases and decreases must be reported. Changes in family composition that must be reported include the movement of any household member out of or into the unit. In addition, participants must accurately disclose all household assets at each income determination (i.e, admission, annual, and interim). As needed, CANs, Housing Providers, and/or Service Providers will assist participants to obtain this information.
- **Find and maintain a qualified unit**. Households must select a unit within the rent limitations determined by the Housing Provider to be reasonable and which is located within the applicable project's covered geographic area. The unit must pass an HQS inspection. Households must allow the Housing Provider to inspect the rental unit before initial move-in, at annual recertification, and at other times as deemed necessary by the Housing Provider. The participant is responsible for maintaining unit cleanliness and utilities in a manner that complies with HQS.
- **Comply with lease.** Households must comply with all the terms of their lease, including but not limited to, paying rent on time, not damaging or subleasing the unit, not allowing unauthorized occupants to live in the unit, and not disrupting the peaceful enjoyment of the premises by other residents.
- **Notify Housing Provider of certain communications from Property Owner.** Participants must notify the Housing Provider of any communications they receive from Property Owners that may affect their continued tenancy, such as lease violation and eviction notices.
- **Maintain unit as primary residence.** The unit must be used as the participant household's primary residence. Absences from the unit of greater than 90 consecutive days, for example, may constitute evidence that the unit is not the household's primary residence.
- **Engage in respectful, non-violent behaviors.** Participants, household members and guests are prohibited from engaging in and/or threatening violent behavior toward the Property Owner, neighbors, and/or Housing Provider, Service Provider or property management staff.

SECTION 3: TYPES OF PSH HOUSING SUBSIDY ASSISTANCE

All PSH participants receive the benefit of subsidized housing to ensure affordability (see Section on

Income Determination and Rent Calculation). Housing may be subsidized through CoC Rental Assistance, Leasing, or Operating funds as specified in the grant agreement with HUD or via another funding souce. To determine which type of CoC funds a project has been awarded, consult with the applicable HUD grant agreement.

CoC Rental Assistance is the most common type of housing subsidy available in PSH. There are 3 types of rental assistance available through the CoC PSH projects. Those types are described below. The type of rental assistance used in each project is defined by the grant agreement with HUD.

Tenant-based rental assistance (TRA)

Tenant-based rental assistance is rental assistance in which program participants identify housing of their choice in the community provided that it is of appropriate size, meets Housing Quality Standards (HQS), and rents for a 'reasonable' cost. Program participants who have complied with lease terms during their residence retain the rental assistance if they move within the Continuum of Care geographic area at the completion of the lease term. Program participants who have complied with lease terms during their residence and who have been a victim of domestic violence, dating violence, sexual assault, stalking or human trafficking, and who reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, stalking or human trafficking (which would include threats from a third party, such as a friend or family member of the perpetrator of the violence), if they remain in the assisted unit, may retain the rental assistance and move to a different Continuum of Care geographic area if they move out of the assisted unit to protect their health and safety. See also section on the Violence Against Women Act (VAWA).

Sponsor-based rental assistance (SRA)

Sponsor-based rental assistance is provided through contracts between the HUD CoC grant recipient (typically DMHAS) and a sponsor organization. A sponsor may be a private non-profit organization, or a community mental health agency established as a public nonprofit organization. Program participants must reside in housing owned or leased by the sponsor. (24 CFR 578.51)

Project-based rental assistance (PRA)

Project-based rental assistance is provided through a contract with the owner of an existing structure, where the owner agrees to lease the subsidized units to program participants. Program participants will not retain rental assistance if they move. (24 CFR 578.51)

Other Sources of Subsidized Housing

Some CoC PSH projects are supported through other funding sources that enable affordability for Project Participants. These funding sources include:

- **CoC Leasing Funds -** The recipient or subrecipient of CoC funds may lease a structure, or portions thereof, or individual units, and use CoC grant funds to support those leasing costs. Leasing projects must have a lease between the recipient or subrecipient and the landowner and a sublease or occupancy agreement with the Program Participant. Leasing funds may not be used to lease units or structures owned by the recipient, subrecipient, their parent organization(s), any other related organization(s), or organizations that are members of a partnership, where the partnership owns the structure, unless HUD authorized an exception for good cause. Other differences between CoC Leasing and Rental Assistance are described throughout this Guide. Information is also available in this HUD presentation: Leasing and Rental Assistance - Focus on Leasing.
- **CoC Operating Funds –** CoC funds may also be used to pay the costs of the day-to-day operations of PSH, such as maintenance and repair, electricity, gas, water, building security, property taxes, and insurance. More information on eligible CoC Operating costs is available in this HUD FAQ. CoC Operating funds are typically used in congregate PSH projects and help to ensure that rent is affordable. Differences between PSH projects that use Operating funds versus those that use Rental Assistance are described throughout this Guide.
- **Connecticut Housing Finance Authority (CHFA)-** CHFA offers a range of programs that help support development and rehabilitation of affordable housing and serves a Contract Administrator for Project-Based Section 8 developments. Affordable housing developers and owners sometimes pair these programs with CoC funding in PSH. These programs are used in congregate PSH projects and help to ensure that rent is affordable. Differences between PSH projects that use CHFA programs versus CoC Rental Assistance, Leasing, or Operating fmds are described throughout this Guide. This Guide provides information about CoC and DMHAS requirements it is not intended to address CHFA requirements. For information regarding CHFA requirements see Development of Multifamily Affordable Rental Housing and Owners and Property Managers Resources.

SECTION 4: ACCESSING A COC PSH UNIT

Engagement

In Connecticut, CoC PSH uses a model informed by Engagement Principles. For example at project entry:

- CoC projects, in partnership with local Coordinated Access Networks (CANs), offer individuals and families experiencing homelessness access to interim and permanent housing options, accompanied by assessment and service planning that address barriers to stability such as mental health, substance use, and employment.
- Projects and CANs apply admission criteria, consistent with funder requirements, to ensure participant and community safety.

- Screening and admission practices follow a **rules-in philosophy**, emphasizing inclusion and support rather than exclusion. Screening and admission practices are designed to balance accessibility with safety. For example, applicants are evaluated holistically; challenges such as substance use, treatment history, poor credit and criminal or rental history are not automatically disqualifying but may be reviewed case-by-case in the context of a plan for stability.
- CT BOS and ODFC, along with state partners, make efforts to ensure that sufficient sober housing options are available to meet the need for such models.

For more information on Engagement Principles see the Supportive Services Requirements Section.

Non-discrimination and Accessibility

All CoC PSH program partners, including DMHAS, CoCs, CANs, Housing Providers, Service Providers and Property Owners, comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

- **Fair Housing Act:** prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- **Section 504 of the Rehabilitation Act:** prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- **Title VI of the Civil Rights Act:** prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
- **Title II of the Americans with Disabilities Act:** prohibits public entities, which include state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance.
- **Title III of the Americans with Disabilities Act:** prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

Note that adherence with Section 508, part of the Rehabilitation Act of 1973 is required for all CoC PSH projects. Service providers and housing providers are required to ensure the accessibility of electronic documents, enabling equal access to information for all persons with sensory impairments. More information is available here.

In addition, CoC PSH Project Participants have the same rights as other adult residents of Connecticut. Many of those rights are described in the following resources:

- **Connecticut Department of Mental Health and Addiction Services** Guide to People's Rights in Connecticut when receiving services from a DMHAS facility or contracted provider: The guide identifies Connecticut General Statutes, Federal Law and Case Law which protect people's rights

- **Patient Bill of Rights (English)** - (**En Español**): Connecticut General Statutes protecting the rights of people who receive services from Connecticut psychiatric treatment facilities
- **Americans with Disabilities Act (ADA)**: The ADA is civil rights law that protects the rights of persons with disabilities
- **Americans With Disabilities Act (ADA) Notice**
- **Affordable Care Act (ACA) Section 1557**: The ACA prohibits healthcare providers including DMHAS from discriminating against someone on the basis of race, national origin, age, disability or sex and requiring them to provide equal access to programs and services to people whose primary language is not English
- **Language Access and Non-Discrimination Notice**

Fair Housing

All CoC PSH program partners, including DMHAS, CoCs, CANs, Housing Providers, Service Providers and Property Owners, comply fully with all statutes and regulations governing fair housing and equal opportunity in housing and employment. No family or individual shall be denied the opportunity to apply for or receive assistance under the CoC RA Program on the basis of race, color, sex, religion, creed, national or ethnic origin, age, family or marital status, disability, gender identity/expression or sexual orientation (24 CFR 578.93; 24 CFR 576.407(a) and (b); CGA Sec. 46a-64c).

The CoC PSH program affirmatively furthers Fair Housing, which means that it must (24 CFR 578.93):

(1) Affirmatively market housing subsidies and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities;

(2) Where an Housing Provider or Service Provider encounters a condition or action that impedes fair housing choice for current or prospective program participants, provide such information to the jurisdiction that provided the certification of consistency with the Consolidated Plan; and

(3) Provide program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws. This information is included in the CT BOS Participant Bill of Rights – available on the CT BOS Website (Policies Page).

It is the responsibility of the Housing Provider to ensure that the CAN or other entity is documenting compliance with these requirements, including ensuring a written strategy to affirmatively further fair housing exists and to maintain copies of marketing, outreach, and other materials used to affirmatively market the available projects within their assigned geographic area. (24 CFR 578.103).

Equal Access

All CoC PSH program partners, including DMHAS, CoCs, CANs, Housing Providers, Service Providers and Property Owners, comply fully with HUD Equal Access requirements. These rules ensure that the CoC PSH projects are open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status. As such, eligibility determinations for the CoC PSH program must be made without regard to actual or perceived sexual orientation, gender identity/expression, or marital status. Furthermore, CoC Rental Assistance programs are prohibited from making inquiries regarding sexual orientation or gender identity for the purpose of determining eligibility or otherwise making housing available, and inquiries related to an applicant or occupant's sex are allowed only for the limited purpose of determining the number of bedrooms to which a household may be entitled. The prohibition on inquiries is not intended to prohibit mechanisms that allow for voluntary and anonymous reporting of sexual orientation or gender identity solely for compliance with data collection requirements of state or local governments or other federal assistance programs.

In addition, HUD Equal Access Rules require that any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served together as such. Furthermore, a Housing Provider or Service Provider cannot discriminate against a group of people presenting as a family based on the composition of the family (e.g., adults and children or just adults), the age of any family member, the disability status of any members of the family, marital status, actual or perceived sexual orientation, or gender identity/expression. As such, the age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives CoC Rental Assistance funds (24 CFR 578.93).

CANs are responsible, within their geographic areas, for prioritizing households in need of services, monitoring vacancies in CoC PSH projects and matching households with available vacancies in a manner that is most likely to meet the household's needs. CANs make every effort to use the available resources in the most strategic manner, for example, by referring families with children to projects that have services designed to meet the unique needs of families. However, this may not always be possible. Scattered site projects must serve eligible households prioritized and referred by their CAN without regard to household configuration, for example, singles, couples, multiple adult families, and families with children. Congregate projects should seek to serve all eligible households prioritized and referred by their CAN; however, physical layout of the facility may be a consideration to the extent permitted by HUD. For example, projects may limit access based on gender where sleeping accommodations are shared or bathrooms are intended for use by more than 1 person at a time. Under no circumstances may projects serving families limit assistance to only women with children. For example, projects must also serve the following family types: single male head of household with minor child(ren); and any household made up of 2 or more adults, regardless of sexual orientation, marital status, or gender identity, presenting with minor child(ren).

To demonstrate compliance with Fair Housing and Equal Access requirements, copies of all application records, including those processed by the applicable Coordinated Access Network (CAN) must be maintained by the Housing Provider.

Accessibility and integrative housing and services for persons with disabilities

The CoC PSH program complies fully with the accessibility requirements of the Fair Housing Act (24 CFR part 100), Section 504 of the Rehabilitation Act of 1973 (24 CFR part 8), and Titles II and III of the Americans with Disabilities Act, as applicable (28 CFR parts 35 and 36). In accordance with the requirements of 24 CFR 8.4(d), it is the responsibility of the Housing Provider to ensure that their program's housing and supportive services are provided in the most integrated setting appropriate to the needs of persons with disabilities (24 CFR 578.93).

Discrimination Related Complaints

Project Participants who believe they have been discriminated against have access to multiple avenues for submitting a complaint:

- Participants who have a dispute or complaint about the administration of the DMHAS CoC Rental Assistance Program may use the process described in Section 7 of this Guide, including: A) Informal Conference with CAN; B) Hearing with DMHAS Appeal Panel; and C) Final Review by Review Panel.
- PSH participants in projects not under contract with DMHAS may submit complaints to the relevant CoC (i.e., CT BOS at ctboscoc@gmail.com or Opening Doors Fairfield County at openingdoorsoffairfieldcounty@gmail.com.
- Participants may also contact the HUD Hartford Field Office at (860) 240-4800.
- Participants who believe they have been discriminated against based on race, color, national origin, religion, sex, disability, or familial status, can file a fair housing complaint wit HUD's Office of Fair Housing and Equal Opportunity by telephone (800-669-9777; TTY 800-877-8339) or online in English or Spanish.
- Connecticut's laws also protect people who are gay, lesbian, bi-sexual, and transgender. Related complaints can be filed with the Connecticut Commission on Human Rights and Opportunities Fair Housing Unit at (860)541-3403.

Outreach

Within each CAN, outreach efforts are conducted to identify and engage the participation of persons who have been homeless the longest and have the most severe service needs, including those who are living in emergency shelters and places not intended for human habitation. In each CAN, DMHAS funds outreach projects through the Projects for Assistance in the Transition from Homelessness (PATH) program and/or a CoC Special Notice of Funding Opportunity (SNOFO) award. There may also be other types of outreach projects within a CAN. It is the responsibility of each CAN to ensure that available outreach resources in its assigned area are effectively mobilized to identify and engage sheltered and unsheltered persons who have been homeless the longest and have the most severe service needs.

Where adequate resources are not available to identify and engage sheltered and unsheltered persons who have been homeless the longest and have the most severe service needs, it is the responsibility of the relevant CAN to coordinate with the CoC and other local stakeholders to identify and mobilize new resources. It is the responsibility of each DMHAS and DOH funded outreach project to work in a coordinated and collaborative manner within their CAN to:

- quickly connect people experiencing unsheltered homelessness to safe available housing, income, health/behavioral healthcare and other supports;
- identify people living in unsheltered locations and help them to reduce the associated risks;
- minimize service duplication; and
- use available resources strategically to end unsheltered homelessness for as many people as possible prioritizing those who are most vulnerable and/or have been homeless the longest.

For a more detailed description of the role of outreach projects see CT Street Outreach Standards.

Assessment & Prioritization

Households in need of housing assistance are assessed and prioritized by the applicable CAN in accordance with policies established in the *Connecticut Coordinated Access Network Policies and Procedures Manual (CAN Manual)* and adopted by the CT BOS and ODFC CoCs. The statewide By-Name-List (BNL) is a centralized and prioritized list of individuals, families, and youth experiencing homelessness. Households are added to the BNL when a common assessment is completed and entered into CT HMIS[6]. The statewide BNL provides CANs with a uniform process used for matching individuals and families to appropriate interventions and prioritizing placement into housing. All CoC PSH projects are required to accept referrals and fill vacancies only from the BNL in accordance with CAN policies.

Referral Process and Eligibility Documentation

When a vacancy in the CoC PSH has occurred or is anticipated, the partner organization that learns of the vacancy (typically the Service Provider) will notify the other partner organizations (e.g., Housing Provider). It is the responsibility of the Housing Provider to ensure prompt vacancy notification to the CAN (i.e., within 2 business days of the actual or anticipated vacancy). Upon receipt of such notification, the applicable CAN will refer 1 or more applicants in accordance with requirements established in the *CAN Manual.*

Upon receipt of a vacancy notification, it is the responsibility of the CAN to manage the eligibility determination process, in accordance with the *CAN Manual*. This includes identifying the documents necessary to establish eligibility, ensuring a case manager is assigned to assist the applicant, as needed, gathering the necessary eligibility documents (see eligibility tools), and ensuring the case manager is well informed regarding what information and documents are required and is actively working to secure the necessary information and documents.

[6] See the CT CAN Policies and Procedures Manual for more information.

The CAN is responsible for conducting initial applicant screening to determine eligibility for CoC PSH. The CAN is also responsible for providing the applicant written notification regarding eligibility decisions, in accordance with the *CAN Manual*. In addition, the CAN is also responsible for ensuring that only eligible applicants are referred to CoC PSH projects and that eligibility is adequately documented in accordance with HUD requirements. The CAN is required to document the following at intake using the verification forms provided by the relevant CoC, which are consistent with HUD's recordkeeping requirements:

- Eligibility screening for ALL persons seeking assistance;
- Evidence relied upon to establish and verify homeless status and disability status, if applicable;
- Due diligence in attempting to obtain third-party documentation of homelessness, if applicable.

Eligibility Review and Documentation

To be eligible for CoC PSH:

1. The applicant must be disabled in accordance with McKinney Vento Act and clarified by the HEARTH Act: Defining ''Homeless'' Final Rule (See Definitions);[7] AND
2. The applicant must also meet any additional eligibility criteria as defined in the written standards of the applicable CoC.[8] Effective January of 2021, all CT BOS PSH projects converted to DedicatedPLUS. All CoC PSH projects located in ODFC began using DedicatedPLUS eligibility criteria for projects awarded through the 2019 CoC Competition. For both CoCs only people who meet DedicatedPLUS eligibility criteria can now be admitted to PSH. A webinar on CT BOS DedicatedPLUS requirements is available here.

Only applicants who have a serious mental illness, chronic problems with alcohol, drugs or both, or acquired immunodeficiency syndrome (AIDS) and/or related diseases are eligible to receive assistance through most DMHAS PSH projects. DMHAS PSH projects funded through the 2022 CoC Supplemental Notice of Funding Opportununity (SNOFO) to Address Unsheltered and Rural Homelessness use the broader HUD definition of disabling condition (See Definitions).

See definitions section for more information on chronically homeless and DedicatedPLUS statuses.

[7] 24 CFR Parts 91, 582, and 583; Homeless Emergency Assistance and Rapid Transition to Housing: Defining ''Homeless'' Final Rule; Federal Register / Vol. 76, No. 233 / Monday, December 5, 2011 / Rules and Regulations.

[8] CoC Program Interim Rule (24 CFR § 578.7) Responsibilities of the Continuum of Care) requires CoCs to establish and consistently follow written standards for providing Continuum of Care assistance.; CoC Written Standards: CT BOS Policies & Procedures; Opening Doors Fairfield County

Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, state, or local sources.

Intake Procedures

The purpose of these intake procedures is to ensure that:

- Only eligible participants are admitted to CoC PSH projects in accordance with DMHAS and federal requirements and the applicable CoC's policies; and
- Adequate documentation of eligibility is maintained in all participant files.

General Intake Procedures:

As required by HUD and both local CoC's, CoC PSH projects participate in the local Coordinated Access Network (CAN) and only admit applicants referred by the CAN. Referrals must be documented using the CAN Referral Documentation form. The date of the approval and, if the project denies admission for an applicant referred by the CAN the date of and reason for the denial must be documented on the CAN Referral Documentation form. PSH projects use the common assessment tool as directed by the CAN and prioritize participants for admission in the order established by the CAN's centralized priority list.

Though initial eligibility screening typically occurs at the CAN, it is the responsibility of PSH project staff to verify applicant eligibility and ensure that documentation of eligibility is on file prior to admitting all participants. Applicants are not responsible for obtaining their own eligibility documentation. Rather, PSH project staff, as assigned below, are responsible for documenting eligibility status by using information available in HMIS or contact information or documents provided by the CAN, the applicant, or other partners.

The Housing Provider is responsible for verifying that sufficient documentation of eligibility in accordance with HUD standards is present prior to admitting the participant and that sufficient documentation of eligibility is maintained in each participant's chart (24 CFR 578.103).

This includes ensuring that eligibility is documented at the time of project entry. HUD requires documentation of homeless status up until the project entry date, i.e., the date on which the project offers, and the participant accepts entry into the project. This is typically the date the CoC RA certificate is issued (the certification issuance process is described below). The project entry date typically precedes the date in which the participant is housed and follows the last date on which the CAN documents eligibility. For example: A CAN might determine and document an applicant's eligibility on 5/1/19. A vacant unit may not be immediately available, and the CAN may not refer the participant to a CoC RA project until 5/15/19. The CoC RA project may not issue a CoC RA certificate until 5/24/19. The participant may not sign a lease and obtain housing until 6/15/19. In this example, the Housing Provider

must ensure that the participant meets the relevant homeless criteria and that homelessness is documented as of the 5/24/19 certificate date.

The Housing Provider is also responsible for maintaining documentation of each program participant's eligibility for 5 years after the expenditure of all funds from the last grant under which the program participant was served (24 CFR 578.103).

If the individual either does not meet all eligibility requirements or the required documentation of eligibility has not been obtained, the Housing Provider will notify the CAN and refer the household back to the CAN. The Housing Provider will also provide the applicant and CAN written notification regarding the eligibility decision, including specific information about the reason for the decision, and detailed instructions regarding what additional documents are required, who the applicant can contact to obtain assistance, and how to appeal the decision (see Appeals Section).

Responsibilities of Staff:

The Housing Provider supervisory staff are responsible for ensuring adequate documentation of eligibility for all applicants referred by the CAN prior to admission into a CoC project, including:

- Completing or updating the required verification forms submitted by the CAN (i.e., Homelessness Verification Form or CT YHDP Homelessness Verification Form and Disabling Condition Verification Form – DOC;
- Ensuring that an updated Homelessness Verification Form demonstrating qualified homelessness at the time of project entry is maintained in each participant's file;
    - Beginning 4/1/26 CAN and Housing Provider supervisory staff began using the HMIS Homelessness Verification View to verify DedicatedPLUS homelessness. See CT HMIS Homeless Verification Documentation for additional details.
    - Effective 10/1/26 PSH projects must use the HMIS VOH tool to document homelessness for all participants except in cases where HMIS VOH does not apply (i.e., Category 2 or 4 homelessness).
- Following the order of priority for obtaining evidence of homelessness as described below;
- Ensuring that all supporting documentation, as specified in the Homelessness Verification Form or CT YHDP Homelessness Verification Form, including third-party documentation, intake worker observation, and client self-certification is maintained in each participant's file;
- Ensuring completion and documentation of due diligence in attempting to obtain third-party documentation of homelessness, if applicable – minimum of 3 attempts required;
- Working with the CAN and other partners to obtain all required documentation of eligibility;
- Ensuring that participants do not enter the project without all required documentation of eligibility, except as noted below related to the 180-day option.
- Conducting a quality assurance (QA) review of eligibility documentation for all participants within

30 days of project entry;

- Documenting completion of the QA review for each participant, including, at a minimum, date review was completed, name of supervisor completing the review, and findings from the review;
- Ensuring that any missing documentation identified during the QA review is promptly obtained and filed in the relevant participant's chart;
- If the QA review reveals that an ineligible participant was erroneously admitted to a DMHAS CoC RA project, promptly notifying the DMHAS Housing and Homeless Services Unit of the potential recapture risk;
- Working with the DMHAS Housing and Homeless Services Unit (if applicable) and/or the CAN, to determine next steps to transfer the erroneously admitted participant to a project for which they are eligible;
- Compiling key findings of the QA review at a minimum semi-annually;
- Working with Housing Provider agency senior staff and the CAN, if applicable, to determine any process improvements to remediate issues identified. For example, if the QA review indicates recurring and/or significant issues with eligibility documentation, then follow up steps might include staff re-training, or re-assignment of tasks to different staff. If 2 or more semi-annual QA reviews reveal no or only very minor issues, then follow up steps might include, for example, reducing reviews to a sample rather than 100% of participants entering the project.

Order of Priority for Obtaining Evidence of Homelessness

CANs and CoC PSH projects shall use the following order of priority for obtaining evidence of homelessness:

First Priority: Third-party documentation, which can include any of the following:

- A printed **HMIS record** or record from a comparable database;
- A letter from a **housing/service provider** (e.g., shelter, outreach, RRH worker, CAN, or soup kitchen worker, doctor, therapist, counselor or other service provider). Housing/Service providers must specify each month of encounter, the location of each encounter, the living conditions, and nature of the conversations that indicated the person was experiencing homelessness. Providers may not provide documentation for months in which they did not encounter the person. Where providers did not observe the location where the person resides, they must state why they believe to the best of their knowledge based on professional judgment that the person is experiencing homelessness. Housing/service providers may document homelessness even if their encounter with the client occurred in a setting other than the living location. For example a housing/service provider may document homelessness for a month in which their only encounter with the client was at a soup kitchen, drop-in center, library, office, etc.
- A letter from a **community member** (e.g., clergy person, educator, law enforcement officer, elected official, neighbor, relative, or shopkeeper) attesting to having physically observed the living location, describing that location, and specifying the months in which observation of the living location was observed. Community members may only document homelessness for months in which they

observed the actual living location (e.g., saw someone bedded down in a park or on a bus, or visited their campsite).

- Documentation by the **intake worker** of the information provided orally by a community member who is unwilling to provide a written letter. Such documentation must include all details specified above as required for a letter from a community member.

Second Priority: Intake worker observation

- A written observation by an outreach worker of the conditions where the individual was living. Such letters must specify each month of encounter, the location of each encounter, the living conditions, and nature of the conversations that indicated the person was experiencing homelessness. Intake workers may not provide documentation for months in which they did not encounter the person. Where intake workers did not observe the location where the person resides, they must state why they believe to the best of their knowledge, based on professional judgment that the person is experiencing homelessness. Intake workers may document homelessness even if their encounter with the client occurred in a setting other than the living location. For example, an intake worker may document homelessness for a month in which their only encounter with the client was at a soup kitchen, drop-in center, library, office, etc.

Third Priority: Certification from the person seeking assistance.

- Where first or second priority evidence as described above cannot be obtained, a certification by the individual seeking assistance is allowable. **SEE DETAILS AND LIMITATIONS ON USE OF SELF-CERTIFICATION EVIDENCE BELOW.** Such self-certification evidence must:
  - ✓ Include a dated letter signed by the applicant attesting to the qualified locations where the applicant lived and the approximate dates living in each location; AND
  - ✓ Be accompanied by documentation by the intake worker of the living situation and circumstances that necessitate reliance on self-certified evidence (such as, client was camping in a remote area and did not have contact with any service providers or emergency shelter where client resided was unresponsive to multiple attempts to obtain third party documentation); AND
  - ✓ Be accompanied by documentation of steps taken to obtain third-party documentation, including documenting attempts to locate HMIS records and attempts to obtain letters from an emergency shelter or other service provider knowledgeable of the applicant's homelessness. Such documentation must, at a minimum, include three attempts.
- If the project is able to obtain additional documentation of eligibility at any point during the participant's enrollment, then the information should be added to the case file to back up intake documentation.

If at any point an applicant does not want someone to be contacted because of safety fears– the worker SHOULD NOT contact the person and should document the applicant's statements in the case file.

Limitations on use of self-certification evidence:

- **DISABILITY –** Disability cannot be self-certified.
- **HOMELESSNESS -** Up to 3 months of homelessness can be documented through self-certification. In limited circumstances, up to the full 12 months of homelessness can be documented through self-certification. Self-certification of the full 12 months should be limited to rare and extreme cases and may not be used for more than 25 percent of households served by a project during an operating year. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report. HUD allows self-certification while third-party documentation is gathered for up to 180 days (participants enrolled for fewer than 180 days can be excluded from the determination of whether at least 75% of participants have at least 9 months of third-party documentation).

Cross-Cutting Requirements

The following requirements apply to all third-party, intake worker documentation of oral evidence provided by a community member, and intake worker observation letters:

- All letters must be signed and dated.
- Where applicable, letters must be on agency letterhead.
- The name and title of the person signing must be indicated.
- If the signatory does not have a relevant title, then the letter must state his/her relationship to the client.
- All content must be legible.

See eligibility tools for more information about PSH eligibility requirements and tools and resources available to assist in documenting homelessness and disability.

Verification of Immigration Status

The Personal Responsibility and Work Reconciliation Act (PRWORA) restricts eligibility for certain federal public benefits, including CoC funded PSH, to U.S. Citizens and "qualified non-citizens." The following are considered Qualified Non-Citizens: lawful permanent residents (people with green cards); refugees, people granted asylum or withholding of deportation/removal, and conditional entrants; people granted parole by the U.S. Department of Homeland Security for a period of at least one year; Cuban and Haitian entrants; certain abused immigrants, their children, and/or their parents; certain survivors of trafficking; and individuals residing in the U.S. pursuant to a Compact of Free Association (COFA).

As government agencies, DMHAS and DOH must verify eligibility based on immigration status for PSH projects in which they are the recipient of CoC funding. LMHA and/or non-profit provider Housing Coordinators conduct this verification through Systematic Alien Verification for Entitlements (SAVE) for DMHAS PSH projects. For DOH PSH projects J. D'Ameila Associates (JDA) conducts this verification. Staff input information into SAVE, and SAVE confirms whether a person's self-attested eligible immigration status matches the U.S. Department of Homeland Security's (DHS) records.

Per these federal requirements, non-profit charitable organizations that receive CoC awards directly from HUD are not required to verify immigration status for any CoC-funded service. However, if DMHAS or DOH informs a non-profit of an ineligibility finding based on immigration status, the non-profit must deny or terminate PSH housing and services. Should this occur, DMHAS/DOH will work with the non-profit to assist the client to identify any available alternative assistance for which they may qualify.

To enable this verification, DMHAS and DOH require non-profit and state LMHAs to gather the documents listed below. SAVE is administered by the U.S. Department of Homeland Security (DHS) and information entered into SAVE could be used for immigration enforcement purposes. Prior to conducting a SAVE verification and PSH approval, DMHAS and JDA require PSH applicants/participants to sign a Declaration and Consent to Verification of Legal Status and Identity Form. When gathering the information detailed below, non-profit and State LMHA staff should help applicants/participants to assess the potential risks and benefits of providing documentation and be certain to fully inform applicants/participants that:

- the information being gathered will be used by DMHAS/DOH to verify eligibility for PSH based on immigration status;
- the information being gathered will be entered into a system administered by the U.S. Department of Homeleand Security (DHS);
- DHS may use the information for immigration enforcement purposes;
- the applicant/participant may decline to provide this information; however, doing so will impact their eligibility for PSH assistance
- should the applicant/participant decline to provide required information, the CAN and service provider will to assist the client to identify any available alternative assistance for which they may qualify.

The following documents are required to establish eligibility for all applicants and participants in CoC-funded PSH in which DMHAS or DOH is the recipient of CoC funds:

- **Proof of Identity** is required for all household members over age 18– acceptable documents are: a driver's license, other state/government issued identification, passport or passport card, DHS or U.S. Citizenship and Immigration Services (USCIS) documents, U.S. Military identification card; proof of identity must not be expired and must include a photograph.
- **Proof of Legal Status** is required for the applicant/co-applicant and all household members over age 18 – acceptable documents are: Social Security Number; USCIS Alien Registration; Form 1-94, Arrival/Departure Record number; Student and Exchange Visitor Information System (SEVIS) ID number; Naturalization/Citizenship Certificate number; Card Number/I-797 Receipt number

The following data can also be entered into SAVE to assist with verification: Social Security number (ideally the full number; however, the last 4 digits may suffice), foreign passport number, Visa number, Naturalization or Citizenship Certificate number, Alien Number/USCIS Number, 1-94 Number, Card Number/Form 1-797 Receipt Number, and/or SEVIS ID number.

Initial Certification (Applies to CoC Rental Assistance Projects Only)

As described above, once a CAN refers an applicant to a vacancy in a CoC PSH project, the Housing Provider ensures that the household referred by the CAN still meets eligibility requirements. If the household meets all eligibility requirements and the required documentation of eligibility has been obtained, the Housing Provider issues the Project Participant a CoC Rental Assistance certificate. The Housing Provider must provide the Project Participant with a written copy of the certificate and maintain a copy in the participant's chart. The required certificate form for DMHAS CoC RA projects is available here. Other types of PSH projects can use the DMHAS form as a resource and must be sure to customize the certificate to reflect that DMHAS is not the issuing entity.

Note that it is also allowable to admit the applicant and continue to seek the necessary documents – this option may only be used when the CAN and Housing Provider agree with certainty that the applicant meets eligibility criteria and the documents will be obtained (HUD has determined that this is allowable and that the project must work to obtain the required documentation within 180 days from project entry – more details are available in HUD FAQ ID 2872).

The Housing Provider will issue a certificate for an appropriately sized unit. The occupancy standards below provide guidance in establishing the number of persons that can occupy a housing unit, in accordance with the number of living/sleeping rooms in that unit. The minimum required number of living/sleeping rooms per unit must be determined by the Housing Provider in accordance with HUD standards (24 CFR 578.75):

a. The dwelling unit must have at least 1 bedroom or living/sleeping room for each 2 persons.
b. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room.
c. If household composition changes during the term of assistance, the applicant may request to relocate to a more appropriately sized unit. The household must still have access to appropriate supportive services.

Housing Search

After receiving the certificate, the participant will begin the process of locating an apartment with assistance provided as necessary by the Housing Provider and/or Service Provider. Under the tenant-based rental assistance program, a participant's housing choices are not limited to particular buildings or landlords, and the Housing Provider will inform the applicant that he/she has the right to choose the location and type of unit in which he/she wishes to live with applicable restrictions only as allowable under the HUD requirements for the tenant-based rental assistance program (See Types of Rental Assistance). The Housing Provider will assist or ensure that the Service Provider assists the Project Participant to identify a suitable housing unit in the most rapid manner possible.

Request for Lease Approval (Applies to DMHAS CoC Rental Assistance Projects Only)

Once a unit has been identified, the applicant will request the landlord and/or property manager to complete the Request for Lease Approval (RFA) form. Once the form is completed the applicant will submit the completed form to the Housing Provider. The required RFA form and all other DMHAS required CoC RA forms are available here.

Timeline from Referral to Unit Location

The following timeline establishes benchmarks for progress from applicant referral by the CAN to CoC unit location. The timeline is intended to allow enough time for all parties involved—the Project Participant, Housing Provider, Service Provider, and Property Owner—to accomplish their respective tasks with due diligence, while ensuring that households experiencing homelessness obtain housing as quickly as possible.

Referral: The CAN refers an applicant to Housing Provider to fill an available vacancy in a CoC PSH project. (See Referral Section for additional details).

Final Eligibility Determination: Though CANs are responsible for conducting the initial eligibility review and for referring only applicants preliminarily determined to be eligible, the Housing Provider is responsible for ensuring a final eligibility review is completed and any additional eligibility documentation is obtained within 5 business days of receiving a referral. This includes verifying or ensuring that the Service Provider has verified that sufficient documentation of eligibility in accordance with HUD standards is present prior to admitting the participant (See Eligibility Determination and Documentation Section for additional details). While the Housing Provider is responsible for ensuring due diligence in completing the final determination within 5 business days, in cases where additional documentation is required, this may not always be possible. Housing Provider should exercise due diligence in obtaining the documentation as promptly as possible. If sufficient eligibility documentation cannot be obtained within ten business days of referral, the Housing Coordinator is required to consult with the CAN to determine next steps. Options include: 1) continue to hold the vacancy for the referred applicant and attempt to obtain the necessary documents – if this option is utilized, the CAN and Housing Provider should determine for how long attempts will continue, 2) admit the applicant and continue to seek the necessary documents – this option may only be used when the CAN and Housing Provider agree with certainty that the applicant meets eligibility criteria and the documents will be obtained (HUD has determined that this is allowable and that the project must work to obtain the required documentation within 180 days from project entry – more details are available in HUD FAQ ID 2872), 3) refer a different applicant – if this option is utilized, the original applicant should remain the appropriate priority on the by-name list as determined in the *CAN Manual*.

Issuance of RA Certificate: Upon completion of the eligibility determination steps described above, the Housing Provider issues the Project Participant a CoC Rental Assistance certificate (applies to Rental Assistance Projects only).

Housing Search (applies to scattered site projects only)**:** The participant with the assistance of the Housing Provider and/or Service Provider shall locate housing as quickly as possible and within 60 days

from the date the certificate is issued. The Housing Provider, as needed and at their discretion based on locally established criteria, may issue an extension for up to 60 additional days. In a DMHAS CoC RA project, The Housing Provider may not approve any additional extensions without the written approval of the Housing and Homeless Services Unit. In other types of PSH projects, such extensions can be approved by a supervisor.

Request for Lease Approval (RFA – applies to DMHAS CoC Rental Assistance Projects only**):** Once a unit has been identified the applicant will submit a completed Request for Lease Approval form within 2 business days to the Housing Provider.

SECTION 5: ADMINISTERING COC HOUSING ASSISTANCE

Unit Approval

Rent Reasonableness Determinations

In projects that use CoC Rental Assistance or Leasing funds, unit rent must be determined by the Housing Provider to be reasonable based on HUD requirements. The Housing Provider must determine whether the rent charged for the unit assisted with CoC funding is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charged by the same owner for comparable units not being assisted through CoC funds.

Rent reasonableness assessments must be based on a minimum of 3 comparable unassisted units. Documentation of rent reasonableness determinations, including each of the 3 comparable units must be maintained in the project participant's file. All 3 comparable units used for the rent reasonableness determination must have equal or more expensive rent than the CoC assisted unit. Comparable units must also be approximately the same size with similar amenities as the assisted unit and located in the same, whenever possible, or a similar neighborhood, as necessary. The Housing Provider should seek to identify comparable units that offer the same utility arrangement as the assisted unit (e.g., comparable and assisted units have utilities included in the rent). In some cases, particularly where the Housing Provider has negotiated a special arrangement in a housing market in which utilities included units are not typically available, that may not be possible.

When using comparable units with a different utility arrangement than the assisted unit, the Housing Provider must document adjustments based on the utility allowance (see rent calculation section for more information on utility allowances). For example, if the assisted unit has utilities included and no comparable utilities included units exist in the local housing market, the Housing Provider must document on the rent reasonableness determination that the rent for the assisted unit, as adjusted for the applicable utility allowance, does not exceed the rent for the comparable units. See sample Rent Reasonableness Checklist forms.

Fair Market Rent (FMR – *applies to CoC Leasing projects only).* For projects using CoC Leasing funds to lease individual units (i.e., not a structure), unit rent may not exceed Fair Market Rent as established by HUD.

Housing Quality Standards and Unit Habitability

For projects using CoC Leasing or Rental Assistance funds, prior to approving a unit or authorizing a lease execution, the Housing Provider must physically inspect the unit to determine if it meets HUD Housing Quality Standards (HQS). The Housing Provider must schedule the HQS inspection as quickly as possible upon unit identification or upon receiving the RFA for DMHAS CoC RA projects. Except when the owner does not make the unit available for inspection or unusual, extenuating circumstances exist, the inspection should be completed within 30 days of unit identification or receipt of the RFA.

The Housing Provider must complete all applicable fields on the form and indicate any fields that are not applicable given the configuration of the unit. All persons performing HQS inspections, must take HUD's Lead-Based Paint Visual Assessment Training and maintain a certificate of course completion in the project files. Though there is no additional training or certification required for HQS inspectors, Housing Provider staff inspecting units should be familiar with the guidance embedded directly on the HQS form see also acceptability standards.

The Housing Coordinator must notify the Property Owner/Manager, Project Participant and Service Provider of the inspection results. The Housing Coordinator must provide the owner/manager detailed information for all failed and inconclusive inspection items, so that he or she is fully aware of the work necessary to pass the HQS inspection. The Housing Provider must set a deadline for completion of repairs not to exceed 30 days from the inspection date, which, if not met, will result in cancellation of the RFA for DMHAS CoC RA projects. The Housing Provider should request that the owner disclose the date the unit will be ready for re-inspection. The unit must pass the HQS inspection before the execution of the assisted lease and HAP contract and the initiation of rent payments.

It is the responsibility of the Housing Provider to ensure that documentation of compliance with these requirements, including inspection reports, is maintained (24 CFR 578.103).

For PSH projects that do not use CoC Leasing or Rental Assistance funds, CT BOS requires documentation that the unit meets HUD's Emergency Solutions Grant minimum habitability standards for permanent housing.

Environmental Review

All CoC PSH projects are subject to HUD's environmental review requirements (24 CFR part 50). Housing Providers are responsible for ensuring each CoC PSH project maintains the required Environmental Review documentation in project files and for making that documentation available for

review upon request by HUD, DMHAS, or the relevant CoC. The following types of PSH projects are covered under the **Nationwide Environmental Review** completed by HUD and covering federal fiscal years 2023-2027, and they do not need to complete their own review for the period covered by the nationwide review:

- Projects where participants choose own units & the projects don't involve rehab/repair beyond routine maintenance (e.g., Tenant-based Rental Assistance, Tenant-based Leasing)

For additional details regarding Environmental Review requirements and instructions on how to complete environmental reviews see the Environmental Review section of the CT BOS resources page.

Lease and Housing Assistance Payment Execution

In rental assistance projects, the lease is between the program participant and the Property Owner. In leasing projects, the lease is between the grant recipient or subrecipient and the Property Owner, and there is sublease or occupancy agreement between the Participant and the grant recipient or subrecipient.

The Housing Provider must promptly prepare the lease (to be signed by the owner/manager/landlord and participant) and, for tenant-based rental assistance (TRA) projects, the HAP Contract (to be signed by owner/manager/landlord and, for DMHAS CoC RA Projects, the DMHAS Commissioner or other designee). The effective date of both documents must be identical. DMHAS requires use of a standard lease for all CoC RA units and use of a standard HAP contract for all TRA units. Both documents and all other DMHAS required CoC RA forms are available here. PSH projects that are not DMHAS CoC RA projects, may use the DMHAS standard lease and standard HAP contract as a resource and must be sure to customize the documents making adjustments as appropriate to reflect that DMHAS is not a party to these contracts. All landlords must include the Rental Terms Summary Form as the first page of every written lease or rental agreement. The requirement applies to new and renewal leases. Housing Providers may provide this template to landlords in order for them to remain in compliance. The Housing Provider is responsible for scheduling or ensuring lease execution as quickly as possible after the lease and HAP contract are prepared. Except when the owner or participants are unable to do so, the lease must be executed within 5 days of lease/HAP preparation.

For DMHAS CoC Rental Assistance projects, the Housing Provider is also responsible for ensuring execution or acknowledgement of receipt of the following documents at or prior to lease execution: W-9 Form, Vendor Form, New Admission Summary, Owner Assurance Form[9], Owners Authorization to Sign (If applicable), Partnership Agreement (if applicable), Corporate Resolution (if applicable). For all CoC PSH projects, the Housing Provider is responsible for ensuring execution or acknowledgement of receipt of the following documents at or prior to lease execution: Participant Bill of Rights, VAWA Notice of Occupancy Rights & Incident Self-Certification Form, Notice of VAWA Emergency Transfer Rights,

[9] Required at each re-certification only.

Termination from HEARTH, Participant's Consent for Release of Information form(s), Lead Paint Notice, Federal Privacy Act information, and Notice of Grievance Rights. (All required forms can be obtained from these locations: DMHAS required forms and CT BOS required forms.

DMHAS CoC RA projects should see additional details in the Processing Payments for Rental Assistance Section below. The Housing Providers submit the completed HAP Contract (original), NAF, W-9 and Vendor form to the DMHAS Housing and Homeless Services Unit.

Timeline from Unit Location to Lease Execution

The following timeline establishes benchmarks for progress from unit location to unit lease-up. The timeline is intended to allow enough time for all parties involved—the Project Participant, Housing Provider, Service Provider, and Property Owner—to accomplish their respective tasks with due diligence, while ensuring that households experiencing homelessness obtain housing as quickly as possible.

Rent Reasonableness and FMR Determination: As described in the rent reasonableness section above, the Housing Provider must determine whether the rent charged for the unit assisted with CoC funds is reasonable in relation to rents being charged for comparable unassisted units. As described in the FMR section above, in projects using CoC Leasing funds to lease units the Housing Provider must also determine whether the rent charged for the unit meets HUD FMR requirements. The Housing Provider is responsible for making this determination within 3 business days of unit identification.

HUD Housing Quality Standards (HQS), Habitability, and Environmental Review: Prior to approving a unit or authorizing a lease execution, the Housing Provider must physically inspect the unit to determine if it meets the applicable standard (i.e., HUD Housing Quality Standards- HQS for CoC Rental Assistance and Leasing Projects and Habitability Standards for other types of PSH projects). The Housing Provider must schedule the inspection as quickly as possible upon identifying the unit or receiving the RFA (for DMHAS CoC RA projects). Except when the owner does not make the unit available for inspection or unusual, extenuating circumstances exist, the inspection must be completed within 15 days of unit identification or receipt of the RFA. The Housing Provider must set a deadline for completion of repairs not to exceed 30 days from the inspection date, which, if not met, will result in cancellation of the RFA for DMHAS CoC RA projects. See HQS and Habitability Standards information in Unit Approval Section for additional details. The Housing Provider must also document that the unit meets the applicable Environmental Review requirements – details available in the Environmental Review Training Presentation and FAQ available in the Environmental Review section of the CT BOS Resources Page.

Security Deposit and Initial Payment: It is the responsibility of the Housing Provider to determine the amount of security deposit and initial payment necessary to obtain the unit within allowable state and federal limits. To conserve program resources, the Housing Provider must seek the least amount necessary to secure the unit. The CoC Program Interim Rule allows security deposits of up to 2 months' rent. For participants 62 years of age or older, CT state law prohibits security deposits in excess of 1 month's rent. In addition to the security deposit, the CoC Program Interim Rule allows an initial, up-front

payment to the landlord at or following lease execution to include first and last month's rent. Typically, the Housing Provider should seek an initial payment that is limited to the first month's rent and 1 month's security deposit; however, when the Housing Provider has determined that a participant will not otherwise be able to rent a unit, the Housing Provider, at their discretion, may, in addition, seek a second month's rent as a security deposit and/or up-front payment of the last month's rent. For DMHAS CoC RA projects, the Housing Provider must request in writing that landlords return CoC Security Deposits to: DMHAS, FSB, ATTN: Astrid Thompson, PO BOX 1240, 1000 Holmes Dr., Middletown, CT 06457

Lease Execution within 2 business days of a unit passing the applicable inspection (i.e. HQS for CoC Leasing and Rental Assistance projects or Habitability for other projects), the Housing Provider must promptly prepare a lease (to be signed by the owner/landlord and participant) and the Housing Assistance Payment (HAP) Contract, if applicable, (to be signed by owner/landlord and DMHAS, when applicable). The Housing Provider is responsible for scheduling or ensuring that the Service Provider schedules lease execution as quickly as possible after the lease and HAP contract are prepared. Except when the owner or participant are unable to do so, the lease must be executed within 5 days of lease/HAP preparation.

Processing Payments for Rental Assistance (applies to DMHAS CoC Rental Assistance Projects only)

The process described below applies to DMHAS CoC Rental Assistance projects only. Other types of CoC PSH projects should establish their own written procedures for processing rent payments.

Housing Coordinators obtain a Federal W9 and a State of CT Agency Vendor Form (SP-26) from the landlord or property manager. These documents are used by the Department Fiscal Services Bureau to enroll the entity (landlord or property manager) into the CORE-CT, CT's state government integrated human resources, payroll, financial and reporting system, which generates payments for the Rental Assistance program. Entry of vendors is completed by the Comptroller's Office. The Comptroller's Office requires that following guidelines are adhered to complete a vendor's enrollment in CORE-CT.

All forms must be legible; otherwise the document will be returned, and entity will not be enrolled in CORE-CT. For vendors that are an **Individual Sole Proprietor** or a **Limited Liability Corporation (LLC) Single Member Entity**, the individual's name MUST appear on line 1 of both the W9 and the SP-26. The business name (if there is one) MUST appear on line 2 of both forms.

Both W9 and SP-26 must list the same business entity/tax classification. (Line 3 of both forms).

For vendors that are LLCs, Line #3 Limited Liability Company (LLC) on the W9 should be checked, **and** the appropriate Tax Classification (Corporation **C**, Single **S**, or Partnership **P**) must be entered in the line provided.

The W9 and SP-26 are emailed or faxed to the Office of the Commissioner Housing and Homeless Services Unit staff for review and submission to the FSB for entry into CORE-CT.

For all new contracts, the Housing Coordinator must complete a New Admission Summary Form (NAF) and Contract with all data fields complete. These forms must be reviewed and signed by a supervisor or designee for completeness and accuracy. The NAF and Contract is electronically sent to the Office

of the Commissioner Housing and Homeless Services Unit staff for review and submission to the FSB for payment.

If there are changes during the contract period which require a change in the Housing Assistance Payment (HAP) or request a payment after a contract has lapsed, the Housing Coordinator must complete a Change Order (CO) form with all data fields complete, including but not limited to the "FROM" and "TO" change amounts, and the effective date of change. All forms must be reviewed and signed by a supervisor or designed for completeness and accuracy. The CO is electronically sent to the Office of the Commissioner Housing and Homeless Services Unit staff for review and submission to the FSB for payment.

If a vendor needs to change an address, a written request or email must be provided to the OOC Housing and Homeless Services staff for review and submission to FSB who will submit the request to the Comptroller's Office. All other changes (business name, tax classification or FEIN) will require a written request or email from the owner stating the change, as well as a new W9 and SP-26.

In the event that a property is sold, the Housing Coordinator must send an email to OOC Housing and Homeless Services and FSB staff informing them of the change. This is should be as soon as the Housing Coordinator is informed of the sale. After sending the email, the Housing Coordinator must send a CO stopping payment to the current landlord. The Housing Coordinator must then verify the new ownership of the building and complete a Contract Amendment form with the new owner or property management's information. The Housing Coordinator must then complete all the steps outlined in paragraphs 2 – 6.

Processing Stop Payments of Rental Assistance (applies to DMHAS CoC Rental Assistance Projects only)

The process described below applies to DMHAS CoC Rental Assistance projects only. Other types of CoC PSH projects should establish their own written procedures for stopping rent payments.

1. Housing Coordinator must send an email to OOC Housing and Homeless Services and FSB staff informing them of the tenant contract number and date to stop payment, which must be last day of a month.
2. Within two (2) business days of sending the email notification to OOC and FSB staff, the Housing Coordinator must send a Change Order to OOC Housing and Homeless Services staff to officially stop the rental payments. The Suspend Check – Month section must be completed.

Processing Termination of Rental Assistance (applies to DMHAS CoC Rental Assistance Projects only)

The process described below applies to DMHAS CoC Rental Assistance projects only. Other types of CoC PSH projects should establish their own written procedures for terminating rent payments.

1. Housing Coordinator must send an email to OOC Housing and Homeless Services and FSB staff informing them of the tenant contract number and date to stop payment, which must be last day of a month.

2. Within two (2) business days of sending the email notification to OOC and FSB staff, the Housing Coordinator must send a Change Order to OOC Housing and Homeless Services staff to officially stop the rental payments.
    a. If the tenant is vacating the unit and moving to another apartment, the New Owner, New Unit option must be checked.
    b. If the tenant is terminated from the Rental Assistance program, the Termination from S+C Program must be checked.

Additional details regarding DMHAS CoC Fiscal Procedures are included in the appendix of this Guide. These procedures apply only to DMHAS CoC RA projects.

Income Determination and Rent Calculation

Income and Rent Calculation Worksheet

Housing Providers are required to use the DMHAS rent calculation worksheet to compute household income and rent. This section provides a detailed explanation of how to use the form.

Income Eligibility

The Housing Provider must examine a program participant's income prior to the initial lease signing, and at least annually thereafter to determine the amount of the contribution toward rent payable by the program participant and the amount to be paid by the subsidy. Adjustments to a program participant's contribution toward the rental payment must be made as changes in income are identified (see Income Changes and Fluctuations Section below).

Participants are required (24 CFR Sec. 578.103) to provide all indicated income documentation as a condition of participation in the PSH program. HUD does not establish income eligibility limits for the CoC program; however, the amount of the subsidy received by a participant is determined based on income. If a participant has an unusually high income, it is possible that, as determined using the rent calculation worksheet, household income is sufficient to pay full rent, and the person can receive no subsidy. Even in this scenario, the participant, though not eligible for a rental subsidy, may be in need of and eligible for the services offered in permanent supportive housing. Prior to admitting or recertifying such a participant in a DMHAS CoC RA project, the Housing Provider is required to consult with the Housing and Homeless Services Unit. For other types of PSH projects, prior to admitting or recertifying such a participant, staff should consult with a supervisor. For additional information see Participants with Income too High to Receive a Subsidy.

Included Income

The most common kinds of income that must be included in the calculation of household income and entered onto the worksheet are:

- Social Security and Veteran's Benefits

- Welfare Assistance (State Administered General Assistance)
- Gross (i.e., prior to deductions) employment income including wages, salaries, overtime, tips, commissions, and bonuses
- Net income from a business
- Payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation, and severance
- Alimony and child support payments
- Regular contributions or gifts received from organizations or from persons not residing in the dwelling

In some cases, participants may have other sources of income that must also be included in the calculation of household income and entered onto the worksheet. Income calculations must include applicable income of all members of the household as specified in the lease. Per 24 CFR 5.609(b), income included in the calculation of household income consists of:

(1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;

(2) The net income from operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family;

(3) Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in paragraph (2) above. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of $5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;

(4) The full sum of periodic amounts received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (e.g., Black Lung Sick benefits, Veterans Disability, Dependent Indemnity Compensation, payments to the widow of a serviceman killed in action). See paragraph (13) under Income Exclusions for an exception to this paragraph;

(5) Payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation, and severance pay, except as provided in paragraph (3) under Income Exclusions;

(6) Welfare Assistance.

(a) Welfare assistance received by the family.

(b) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:

- The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
- The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from 1 application of the percentage.

(7) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling; and

(8) All regular pay, special pay, and allowances of a member of the Armed Forces, except as provided in paragraph (7) under Income Exclusions.

Excluded Income

The most common kinds of income that must be excluded in the calculation of household income and are not to be entered onto the worksheet are:

- Coronavirus Relief (i.e., Economic Impact Payments, Reccovery Rebate Credits, Child Tax Credits, Earned Income Credits, Federal Pandemic Unemployment Compensation)
- Employment income for children under 18
- Temporary, non-recurring or sporadic income/gifts
- Earned Income Tax Credits (EITC)
- Payments for the care of foster children or foster adults (usually persons with disabilities unrelated to the tenant family, who are unable to live alone)
- Lump sum additions to assets such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, lottery, and settlement for personal or property losses.
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide, as defined in 24 CFR 5.403

- The full amount of student financial assistance paid directly to the student or to the educational institution
- Resident service stipends. A resident service stipend is a modest amount (not to exceed $200 per month) received by a resident for performing a service for the owner, on a part-time basis, that enhances the quality of life in the project. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiative coordination. No resident may receive more than 1 such stipend during the same period of time.

In some cases, participants may have other sources of income that must also be excluded from the worksheet. Per 24 CFR 5.609(c), income excluded from calculating the household's income consists of:

1) The special pay to a family member serving in the Armed Forces who is exposed to hostile fire (e.g., in the past, special pay included Operation Desert Storm);
2) Amounts received under training programs funded by HUD;
3) Amounts received by a person with a disability that are disregarded for a limited time for purposes of supplemental security income eligibility and benefits because they are set-aside for use under a Plan to Attain Self-Sufficiency (PASS);
4) Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program; or
5) Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training programs not affiliated with a local government) and training of a family member as a resident management staff person. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program.
6) Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era. (Examples include payments by the German and Japanese governments for atrocities committed during the Nazi era);
7) Earnings in excess of $480 for each full-time student 18 years or older (excluding the head of household and spouse);
8) Adoption assistance payments in excess of $480 per adopted child;
9) Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump-sum amount or in prospective monthly amounts;
10) Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;

11) Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
12) Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the *Federal Register* and distributed to housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.

The following is a list of income sources that qualify for that exclusion:

(a) The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017 [b]);
(b) Payments to Volunteers under the Domestic Volunteer Services Act of 1973 (42 U.S.C. 5044(g), 5058) (employment through AmeriCorps, Volunteers in Service to America [VISTA], Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions);
(c) Payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626[c]);
(d) Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e);
(e) Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624[f]);
(f) Payments received under programs funded in whole or in part under the Job Training Partnership Act (29 U.S.C. 1552[b]; (effective July 1, 2000, references to Job Training Partnership Act shall be deemed to refer to the corresponding provision of the Workforce Investment Act of 1998 [29 U.S.C. 2931], e.g., employment and training programs for Native Americans and migrant and seasonal farm workers, Job Corps, veterans employment programs, state job training programs, career intern programs, AmeriCorps);
(g) Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L-94-540, 90 Stat. 2503-04);
(h) The first $2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U. S. Claims Court and the interests of individual Indians in trust or restricted lands, including the first $2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands (25 U.S.C. 1407-1408);
(i) Amounts of scholarships funded under title IV of the Higher Education Act of 1965, including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs (20 U.S.C. 1087uu);

(j) Payments received from programs funded under Title V of the Older Americans Act of 1985 (42 U.S.C. 3056[f]), e.g., Green Thumb, Senior Aides, Older American Community Service Employment Program;

(k) Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent*-product liability litigation, M.D.L. No. 381 (E.D.N.Y.);

(l) Payments received under the Maine Indian Claims Settlement Act of 1980 (25 U.S.C. 1721);

(m) The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858q);

(n) Earned income tax credit (EITC) refund payments received on or after January 1, 1991, including advanced earned income credit payments (26 U.S.C. 32[j]);

(o) Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation (Pub. L. 95- 433);

(p) Allowances, earnings, and payments to AmeriCorps participants under the National and Community Service Act of 1990 (42 U.S.C. 12637[d]);

(q) Any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran (38 U.S.C. 1805);

(r) Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act (42 U.S.C. 10602); and

(s) Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931).

Income Adjustments

HUD requires that certain adjustments to gross income be applied when calculating a participant's rent obligation. The Housing Provider is responsible for applying all relevant, required income adjustments in accordance with the federal requirements. The Housing Provider must identify the adjustments that are relevant to each participant and enter all relevant, required adjustments into the Rent Calculation Worksheet. Below are the mandatory adjustments. All adjustments must be applied on an annual basis and the amounts indicated are annual, not monthly, deductions:

- $480 for each dependent under age 18 or full-time student, regardless of age
- $400 for all household's that include an elderly (i.e., over age 62) or a disabled member - this deduction must be applied to every household in Permanent Supportive Housing, including CoC RA, because the household must be a 'disabled household' to qualify for PSH. Note that this deduction is applied once for the entire household regardless of the number of elderly/disabled household members.

- Reasonable child care expenses for children under age 13 if the care is necessary to enable a family member to seek employment, be gainfully employed (i.e., the deduction cannot exceed the employment income included in the rent calculation), or further his/her education.
- If the household includes an elderly or disabled member then the portion of the following that exceeds 3% of gross annual income: unreimbursed medical expenses, unreimbursed attendant and auxiliary apparatus expenses for each disabled member of the family to the extent necessary to enable any member of the family (including a disabled member) to be employed. The deduction cannot exceed the employment income included in the rent calculation. Auxiliary apparatus must be directly related to permitting a member of the family to work and might include, for example, wheelchairs, ramps, vehicle adaptations, equipment to enable a visually impaired person to read or type.

Gathering Income Documentation

It is the head of the participant household's responsibility to provide adequate income documentation at initial project intake and at recertification, with the assistance of the Housing Provider and/or Service Provider, as needed. The CoC PSH Program serves people with disabilities and prioritizes those with the greatest service needs. As such, it is the responsibility of the Housing Provider to determine whether a participant is unable to provide the necessary documentation and to ensure that the required level of assistance is available. In some cases, a reasonable accommodation may be necessary to adjust the process by which the documentation is obtained; however, the documentation must be obtained for all participants regardless of disability or other barriers.

Income from benefits or assistance can be documented by a form or letter issued by the agency providing the benefits, such as the Social Security Administration or CT Department of Social Services. On-the-books employment income must be documented by paycheck stubs or similar documentation. The amount of employment time documented depends on the frequency of the pay period:

- Weekly pay period (52 pay periods/year): obtain pay stubs covering at least four weeks of pay.
- Bi-weekly pay period (26 pay periods/year): obtain pay stubs covering at least four weeks of pay.
- Monthly pay period (12 pay periods/year): obtain pay stubs covering at least 1 months of pay.

If household members have recent employment without the minimum number of pay stubs, the Housing Provider can extrapolate the probable income out to the minimum period and make a calculation based on the extrapolation.

In addition to verifying the fact of employment, the verification process must also document supplemental income such as bonuses, commissions, and overtime pay.

Off-the-books employment income must also be reported and documented by the relevant third party or, to the extent third party documentation is not available, written certification by the program participant (see additional details below).

It is the responsibility of the Housing Provider to ensure that current documentation of annual income, including countable assets and of all applied income deductions is maintained in participant files in accordance with HUD requirements (24 CFR 578.103). For each program participant who receives PSH assistance, the Housing Provider must keep the following documentation of income for each initial, annual and interim income determination:

(i) Required rent calculation worksheet; and

(ii) Third party documentation of all adjustments indicated in the rent calculation worksheet (e.g., childcare, unreimbursed medical expenses, verification of full-time student status); and

(ii) Source documents (e.g., most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) for the assets held by the program participant and income received before the date of the evaluation;

(iii) To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., employer, government benefits administrator) or the written certification by the Housing Provider or Service Provider intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period; or

(iv) To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income that the program participant is reasonably expected to receive over the 3-month period following the evaluation.

Anticipated Income

Fluctuations in employment schedules are common, and HUD requires rent calculations to be based on anticipated income. If household members have recent employment without the minimum number of pay stubs or pay stubs that don't accurately reflect anticipated income the provider can make a reasonable 12-month projection and document the basis for that projection. Examples below demonstrate how to calculate anticipated income using the information available when circumstances are reasonably predictable.

Examples – Estimating Monthly Income

Mr. Ryder has a part-time job but was recently out due to an injury. They only have two weekly pay stubs available.

Stub #1 shows weekly income at $430. Stub #2 shows weekly income at $390. They have returned to work and anticipate approximately the same schedule and anticipated income.

Estimate monthly income as follows:

430+390=820 (income for 2 weeks)

820/2=410 (average weekly income)

410x52=21,320 (annual income)
21,320/12=1777 (monthly income) – Use $1777 as monthly income.

Mrs. Thorton occasionally gets paid overtime during her employer's peak season, which recently ended. She has four pay stubs, and the first two include overtime. The second two do not. She does not anticipate getting additional overtime this year. Stubs #3 and #4 show income at her usual weekly amount of $360. Disregard the stubs that include overtime. Estimate monthly income as follows:
360*52/12=$1560
Use $1560 as estimated monthly income.

The worker should document the information relied on to determine that the available paystubs do not accurately reflect anticipated income. When doing so, the worker should follow HUD's order of priority for evidence by seeking third party documentation of the basis of the calculation first (e.g., confirmation from the employer), worker observation second (e.g., direct staff knowledge of the work schedule changes), or participant self-certification third. Workers should document attempts to obtain third party evidence.

For participants with anticipated income that will continue to fluctuate workers can establish a reasonable 12-month projection as follows:

- Use a longer lookback period (e.g., prior 3 months) of multiple consecutive, recent paystubs to calculate an average
- Document the basis for determining any paystub gaps
- When there is a change (medical leave, job change, cut to hours, etc.) redetermine income and recalculate rent.

This example illustrates how to project anticipated income when circumstances are less predictable:

Mr. Baker has a part-time job with fluctuating hours. Obtain 3 months of paystubs.

- Stub #1 shows bi-weekly income at $800.
- Stub #2 shows bi-weekly income at $500.
- Week #3 the participant reports 0 hours. Worker documents a call to the employer to verify and that staff have no direct knowledge of the work schedule for this week. Client signs a statement self-certifying zero income for this week.
- Stub #4 shows bi-weekly income at $700.
- Stub #5 shows bi-weekly income at $500.
- Stub #6 shows bi-weekly income at $400.

Estimate income as follows:

(800+500+0+700+500+400)/6; 2900/6=483 average bi-weekly income
483x26=$12,558(annual income)
12,558/12= $1047 (monthly income)

Amounts in the above examples are rounded to the nearest whole number.

Reporting Income Changes and Fluctuations

Participants are required to report to the Housing Provider/Service Provider income changes of more than $40 per month when such a change is expected to be ongoing within 10 days of the change. This includes both increases and decreases in income. Upon receiving such a notification, the Housing Provider is required to re-determine the annual income and adjust the participant rent calculation accordingly.

Where the change results in a reduction in the participant's rent contribution, the Housing Provider must complete the re-determination as promptly as possible and within 5 business days. The decrease becomes effective on the first day of the month following the 30-day notice.

Where the change results in an increase in the participant's rent contribution, the Housing Provider must complete the re-determination as promptly as possible and within ten business days. The Housing Provider must notify participants 30 days in advance of any rent increase. The increase must take effect on the first of day of the month following the 30-day notice.

If income is irregular the Housing Provider may need to gather pay documentation for 3 to 6 months in order to make a valid income determination. Seasonal, overtime and other types of employment income that do not last a full 12 months can be calculated as if they are available for 12 months continuously. Heads of Household would then be required to notify the Housing Provider when overtime or seasonal pay ceases so that gross income can be recalculated appropriately. When it is not feasible to anticipate annual income due to income fluctuations, the Housing Provider may also opt to re-determine income at the end of a pre-designated period. For example, for a participant with seasonal fluctuations in hours, the Housing Provider may wish to determine income and require the participant to provide updated income documentation quarterly. See the Processing Payments in Rental Assistance Section for additional details.

Household Composition Changes

Participants are required to report to the Housing Provider changes to their household composition within 10 days of the change. This includes both additions and removals of members of the household. Upon receiving such a notification, the Housing Provider is required to re-determine income and adjust the participant rent calculation accordingly. If the number of household members has decreased such that the unit contains more bedrooms than people, upon completion of the lease term, the participant,

with assistance from the Service Provider and/or Housing Provider, may relocate to a smaller unit. However, the CoC Program interim rule allows for a recipient or subrecipient to rent a unit of their choice as long as the rent paid is reasonable in relation to rents being charged for comparable units, taking into account the location, size, type, quality, amenities, facilities, and management services, and as long as the recipient can serve the number of participants in the grant agreement. The Housing Provider should follow the relevant components of the process described above under the Income Changes and Fluctuations Section.

Households Reporting Zero Income

In some cases, participants may report zero household income. At each initial certification and annual re-certification Housing Providers must require each adult household member reporting zero income to complete a No Income Certification. While Housing Providers are not required to investigate such claims, staff should be aware of any obvious signs of fraud. If readily available information raises doubts about the validity of the claim, in a DMHAS CoC RA project, the Housing Provider should suspend the processing of the voucher and contact the Housing and Homeless Services Unit for guidance. In other types of PSH, staff should consult with a supervisor.

Utility Allowances

Utility allowances must be calculated by the Housing Provider as described below. For information on utility payments in leasing projects see the leasing Budget Line Item section of this Guide. To calculate a utility allowance, the Housing Provider must obtain a utility allowance schedule from the State of CT Department of Housing or local Housing Authority. Utility allowances are updated and must be obtained annually. The Housing Provider must enter the applicable allowance amounts into the Rent Calculation Worksheet applying an allowance for each type of utility that the participant is responsible for paying. The Housing Provider must not apply an allowance for any type of utility that is included in the rent. The Housing Provider is responsible for ensuring that application of utility allowance amounts in the Rent Calculation Worksheet is aligned with the types of utilities specified in the most current lease as the responsibility of the participant.

For most households, the utility allowance is given by deducting the allowance from the amount of rent the household owes each month. In some cases, where the sum of all applicable utility allowances exceeds the participant's required contribution, the Housing Provider[10] will make a utility reimbursement payment to the utility company or directly to the client. Per HUD requirements, utility reimbursements shall to be paid in one of the following ways:

A. Housing Provider pays the program participant directly .

[10] Note that for DMHAS CoC RA projects, DMHAS does not currently make such utility reimbursement payments.

B. Housing Provider pays the utility company on behalf of the program participant. The Provider must document that they have the participant's permission to make payment to the utility company and must notify the participant in writing of the amount paid. If the participant declines to provide such permission, the Housing Provider shall make the payment using option A.

Housing Providers are responsible for ensuring that every effort is made to lease utilities included units when participants have no or very limited income.

Participant Notification of Rent Obligation

The Housing Provider is responsible for reviewing the rent calculation worksheet with all participants, helping them to understand how their rent obligation was calculated and addressing any participant questions regarding the calculation. Promptly upon determining income and calculating or re-calculating the participant's rent obligation, the Housing Provider is also required to provide the participant with the Approval and Payment letter, which specifies total contract rent for the unit, the participant's monthly rent contribution amount, and the requirement to report changes to income and/or household composition. The template for that letter is available here.

Overpayments

In DMHAS CoC RA projects, If the Housing Provider has followed the notification procedure outlined above and a participant fails to provide required interim change information or submits incorrect or falsified information on any application, certification or re-certifications and, as a result, is charged a rent less than the amount required by HUD's rent formulas, the participant must reimburse DMHAS for the difference between the rent the participant should have paid and the rent he/she paid. The participant is not required to reimburse DMHAS for undercharges by an Housing Provider's failure to follow HUD's procedures for computing rent or assistance payments. A participant shall have the right to a reasonable repayment agreement.

Similarly, Property Owners must reimburse DMHAS for all overpayments where such overpayments are due to the Owner's error or failure to follow required procedures. The Housing and Homeless Services Unit may permit the owner/landlord or housing provider to repay such overpayments in 1 lump sum or over a period of time through reduction of normal housing assistance payments.

For other types of PSH projects, Housing Providers may opt to establish similar overpayment protocols.

Move-In

Housing Providers in conjunction with the Service Providers assist participants to move-in to units as promptly as possible following the lease initiation date. This includes, accessing all available resources to assist with moving personal belongings. This also includes accessing all available resources to furnish

the apartment and obtain basic household goods and personal care items, such as cleaning supplies, linens, and cooking equipment, and toiletries. Service Providers and/or Housing Providers are responsible for ensuring due diligence in securing such items in advance of or promptly upon move-in. The availability of such resources varies based on locality, and, in some cases, it may not be possible to obtain all of these items promptly. When that is the case, the Housing Provider will continue to work with the Service Provider to obtain these items as quickly as possible.

Annual Re-Certification

The CoC Rental Assistance Program requires that each participant be recertified, annually. The recertification process is described below, and all DMHAS required recertification forms are available here. Use of these standardized forms is required for DMHAS CoC RA Projects. Other types of PSH projects may opt to use the DMHAS standardized forms with appropriate customizations. The Housing Provider is required to send the Annual Recertification Notification or, for non-DMHAS projects, a similar notice to each participant 90 days before the effective date of the recertification. The Housing Provider includes with the Notification an addressed, postage paid envelope and indicates the time and date of the scheduled HQS inspection and contact information to confirm or reschedule the inspection date. The notification is copied to the case manager and property manager, if applicable, and a copy is maintained in the participant chart.

The Housing Provider is responsible for ensuring that the following required elements of annual recertification are completed and all documentation is maintained in the participant chart. Requirements described in this Guide above in Section 4 also apply at recertification:

- Housing Quality Standards Inspection
- Rent Reasonableness Determination
- Environmental Review
- Income Determination and Documentation
- Rent Calculation
- Lease and HAP Contract Execution (HAP Contracts apply to TRA projects only)
- Execution/Acknowledgement of receipt of the following forms: Occupancy Continuation Form (DMHAS Projects Only), Participant Bill of Rights, VAWA Notice of Occupancy Rights & Incident Self-Certification Form, VAWA Emergency Transfer Rights Notification, Termination from HEARTH (DMHAS Projects Only), Participant's Consent for Release of Information form(s), Lead Paint Notice, Federal Privacy Act information, Grievance Policy Notification, W-9 Form, Vendor Form (DMHAS Projects Only), New Admission Summary (DMHAS Projects Only), Owner Assurance Form (DMHAS Projects Only), Owners Authorization to Sign (DMHAS Projects only - If applicable), Partnership Agreement (DMHAS Projects only -if applicable), Corporate Resolution (DMHAS Projects only -if applicable).

If the participant is moving to a new unit, please refer to Move-In section above.

The Housing Provider is also responsible for following the steps outlined in the Processing Payments for Rental Assistance (DMHAS Projects only) and Participant Notification of Rent Obligation sections above.

Moving to a Different Unit

Participants are obligated to abide by the terms of their lease, which includes maintaining residence in their rental unit until lease expiration. At the end of the lease term, TRA participants may move, if desired or needed with the following limitations:

- The new unit must meet HQS and Rent Reasonableness criteria;
- The new unit must be located within the CoC and project service area through which the funding originates (except as noted below);
- Households must provide written notice to the Housing Provider of theirintention to move at least 60 days prior to the lease termination date;
- Households must provide written notice to the Property Owner/Manager/Landlord of their intention to move at least 30 days prior to the lease termination date or in accordance with the terms of their lease.

As required under the Violence Against Women Act (VAWA) each CoC must have an emergency transfer plan, which allows participants who are victims of domestic violence, dating violence, sexual assault, stalking or human trafficking to request an emergency transfer from the tenant's current unit to another unit. Housing Providers, Service Providers, and Owners must comply with the CoC Emergency Transfer Plan available (see CT BOS emergency transfer plan; Opening Doors Fairfield County).

In situations that do not qualify under the relevant VAWA Emergency Transfer Plan, if a TRA participant wants to move before the end of any lease term, permission may be granted by the Housing Provider, at their discretion, only with a written statement from the Owner releasing the household from the lease.

PRA and SRA participants are not entitled to retain CoC Rental Assistance if they opt to move except as specified in the relevant VAWA Emergency Transfer Plan.

PSH Transfers between CoC Rental Assistance Programs

When a transfer is deemed necessary from one CoC Rental Assistance program to another, the transfer request will be initiated by the current Housing Coordinator. Only applicants who are currently enrolled in a CoC PSH program are eligible for transfer.

- The current Housing Coordinator must email the CAN, the prospective Housing Coordinator and, for DMHAS CoC RA projects, the DMHAS Housing and Homeless Services contact notifying them of the request for transfer including the specific reason(s) prompting the transfer.
- The Housing Coordinators will work together with the CAN(s) to coordinate the transfer to ensure a seamless transition for the tenant.
- It is the responsibility of the referring Housing Coordinator to verify that all of the eligibility documentation is uploaded to the HMIS system and confirm that the tenant meets the HUD CoC Rental Assistance eligibility criteria.
- For DMHAS CoC RA projects, if the proposed area does not have an open certificate or the ability to add a certificate the tenant may move to the new area and continue to be paid from the original grant. Once a certificate becomes available the tenant will obtain the open certificate.
- The Housing Coordinator receiving the referral must review all of the eligibility documentation and give the final determination certifying that the applicant meets all of the HUD eligibility requirements for their program.

Eviction

An Owner may evict a household from a subsidized unit only through a court action, as detailed in Connecticut Landlord-Tenant law. The Property Owner/Manager/Landlord must notify the Housing Provider in writing of the commencement of any procedures for termination of tenancy.

Housing and/or Service Providers should assist with landlord negotiation to prevent eviction when possible. Eviction does not result automatically in termination of the participant from the CoC PSH project. For more information on eviction prevention and requirements related to eviction, re-housing and termination from the CoC PSH Program see the Service Requirements and Termination Sections of this Guide.

Vacancies

If a unit assisted with CoC Rental Assistance is vacated before the expiration of the lease, the assistance for the unit may continue for a maximum of 30 days from the end of the month in which the unit was vacated, unless occupied by another eligible person. No additional assistance will be paid until the unit is occupied by another eligible person. Brief periods of stays in institutions, not to exceed 90 days for each occurrence, are not considered vacancies (24 CFR 578.51), and assistance may continue during such institutional stays.

If a unit is assisted with CoC Leasing funds, in general payments on vacant units are allowable; however, the recipient must abide by terms of the lease. Therefore, if the lease is for a year, then payment can continue for a year regardless of whether the unit is occupied. If the lease is written in such a way that it ends when a client vacates the unit, then payment of rent after a participant has vacated is not allowable.

For all CoC PSH Projects, surviving members of any household who were living in a unit assisted under the CoC program at the time of the qualifying member's death, long-term incarceration, or long-term institutionalization, have the right to rental assistance until the expiration of the lease in effect at the time of the qualifying member's death, long-term incarceration, or long-term institutionalization (24 CFR 578.75). It is possible for the remaining household members to remain in the unit and continue to receive a rental subsidy after the end of the lease if the remaining members of the family met the eligibility criteria prior to entry into the project and one member of the household has a qualifying disability. Note, however, if this project is dedicated to serving people who meet the chronically homeless or DedicatedPLUS statuses, then the new adult head of household (or minor head of household if no adult is present) must have met the requirements to be considered to meet the chronically homeless or DediatedPLUS statuses that were in effect at the time they originally entered housing; further, the new adult head of household must have a qualifying disability. In this instance, Housing Provider or Service Provider must ensure that all eligibility requirements, including chronically homeless or DedicatedPLUS status at the point of original intake into the program, have been documented in the household's case file. The Housing Provider or Service Provider is responsible for assisting the surviving members to determine and document their qualifications for continued assistance.

Every effort should be made to ensure that vacancies in PSH projects are promptly filled.

Property Damage

Housing Providers may use CoC Rental Assistance funds in an amount not to exceed 1 month's rent to pay for any damage to housing due to the action of a program participant. This shall be a 1-time cost per participant, incurred at the time a participant exits a housing unit. (24 CFR 578.51). Damages are not an eligible expense CoC Leasing expense.

SECTION 6: TERMINATION FROM COC PSH

Preventing Termination

The Housing and Homeless Services Unit, Housing Providers, and Service Providers are committed to making every effort to help participants to retain their CoC rental assistance and remain stably housed. Housing Providers and Service Providers will work with households who are experiencing problems that threaten to disrupt their housing stability to correct the problem(s) and comply with the terms of their lease. This includes helping participants to understand their responsibilities and to access services that can assist them in maintaining their housing. This also includes assisting with landlord negotiation to prevent eviction when possible.

In DMHAS CoC RA projects, the Housing and Homeless Services Unit will support and guide those efforts, as necessary.

Participants are expected to abide by the terms of their lease and with the requirements of the CoC PSH Program as described in this Guide. When they are unable or unwilling to do so, the Housing Provider is responsible for ensuring a collaborative approach to problem solving that fully leverages all available resources. The Housing Provider will work with all parties, exercise its judgment and examine all extenuating circumstances in determining when alleged violations are serious enough to warrant termination from the CoC PSH Program. As described above, eviction does not result automatically in termination of the participant from the CoC PSH project. For more information on eviction prevention and re-housing see the Service Requirements section of this Guide.

Participants with Income too High to Qualify for a Subsidy

HUD does not establish income eligibility limits for the CoC program; however, the amount of the subsidy received by a participant is determined based on income. If a participant has an unusually high income, it is possible that, as determined using the rent calculation worksheet, household income is sufficient to pay full rent, and the person can receive no subsidy. Even in this scenario, the participant, though not eligible for a rental subsidy, may be in need of and eligible for the services offered in permanent supportive housing.

Prior to recertifying such a participant, the Service Provider is required to assess the participants' need and preference for ongoing case management services. In conjunction with the Housing Provider the Service Projects must determine whether continued provision of case management services is necessary to assist the participant to retain stable housing. In a DMHAS CoC RA project, the Housing Provider is required to consult with the Housing and Homeless Services Unit prior to recertification of such a participant. For other types of PSH projects, a supervisor at the Service Provider agency can make such a determination.

CAN Case Conference

If a participant is at risk of returning to homelessness, the Housing Provider or Service Provider is required to notify the local CAN at the earliest possible point in the process. The CAN will convene a case conference to evaluate the situation, determine intervention(s) that might help to preserve housing or secure an alternative placement, plan for the best possible outcome and try to prevent a return to homelessness. This requirement does not apply in situations of imminent risk to self or others.

Termination Requirements

In all cases, terminations from CoC PSH must comply with the following HUD requirements as defined in 24CFR 578.91:

- In terminating assistance to a program participant, the Housing Provider or Service Provider must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:

  (1) Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
  (2) Written notice to the program participant containing a clear statement of the reasons for termination (see Termination Letter with Formal OOC Hearing Request; Termination Letter with Informal Hearing Request ;
  (3) A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
  (4) Prompt written notice of the final decision to the program participant.
- It is the responsibility of the Housing Provider to ensure that, where applicable, documentation of compliance with the termination of assistance requirements listed above is maintained in program participant files.

In all cases termination must also comply with written standards adopted by the applicable CoC, including standards outlined in DMHAS contracts for projects not funded with CoC resources and Engagement Principles for CoC funded projects. Involuntary termination from housing or services occurs only with due process and is consistent with legal eviction procedures when applicable. There is no prohibition against resuming assistance at a later date to a participant who has been terminated. (24 CFR 578.91)

The Housing Provider should complete an HQS inspection to document the unit condition at move out. The Housing Provider should also send a written Security Deposit Refund Request to the landlord - required form is contained in workbooks for DMHAS CoC RA projects. The DMHAS Security Deposit Refund Request can be modified for use by other non-DMHAS PSH projects.

After the household moves out of the unit, the Property Owner may, subject to applicable State and local laws, use the security deposit as reimbursement for any unpaid tenant rent or other amounts owed in accordance with lease terms. The Property Owner is responsible for promptly refunding the full amount of the balance. Returned security deposits are considered program income by HUD.

Reasons for Possible Termination

The Housing Provider may recommend termination of a participant from the program for the following reasons, to the extent that the reason is allowable under the written standards of the applicable CoC. In all cases, where the cause for seeking the termination would be grounds for eviction, the termination should be sought through a court ordered eviction process rather than the process described below.

- Participant currently owes rent or other monies to any CoC Rental Assistance Program throughout the state of CT, unless participant has entered into a repayment agreement and is fulfilling the terms of that agreement.
- Participant fails to:
    - Supply required certification or documentation as necessary, including documentation required for an annual or interim re-examination of family income and composition despite multiple attempts to explain the requirements and assist the participant to meet the requirements.
    - Allow the Housing Provider to inspect the dwelling unit at reasonable times and after reasonable written notification.
    - Notify the Housing Provider before vacating the unit.
    - Maintain the unit as his/her sole residence.
- Participant commits any fraud in connection with the CoC PSH Program.
- Participant adds any persons to the household without the approval of the Housing Provider except by birth, adoption or court ordered custody.
- Participant sublets, assigns, or accepts payment for any use of the unit.
- Participant receives assistance under the CoC PSH Program while occupying or receiving assistance in any other unit assisted under any Federal housing assistance program (including any Section 8 or Housing Authority program).
- Participant or any family member, residing or visiting a CoC subsidized apartment, engages in any illegal drug-related and/or violent criminal activity on the premises. (For purposes of this provision, “premises” means the building or complex or development in which the participant’s dwelling unit is located, including common areas and grounds).
- Participant or any family member, residing in a CoC PSH subsidized apartment, engages in any violent criminal activity involving Housing Provider, Housing and Homeless Services Unit or Service Provider staff.
- For DMHAS Projects only, any violations of the Termination from HEARTH Housing Form, which was reviewed, signed and dated by participant upon entering the CoC Rental Assistance Program.
- If the failure to comply with the tenancy or program obligations is related to the person’s disability and reasonable accommodation can ameliorate the breach, then the CoC PSH

project must grant the reasonable accommodation and refrain from terminating the subsidy.

Warning Letter

Prior to commencing the termination process, the Housing Provider shall first notify the participant in writing, that his/her CoC Rental Assistance subsidy is in jeopardy. This "warning letter" shall state the reasons for the concern with specificity and instruct the participant to contact the Housing Provider immediately to discuss steps to remedy the problem. This letter, mailed first class, will be sent to the participant and his/her social service agency case manager and a copy will be maintained in the participant's file.

If the participant and the Housing Provider involved cannot reach an agreement within 60 working days about the issue(s) raised in the "warning letter" the Housing Provider shall advise the participant and relevant CAN (in writing via first class US Mail) that assistance will be terminated and that the participant has the right to appeal the decision. The letter will advise the participant of his/her rights under VAWA by providing the VAWA Notification of Occupancy Rights and Incident Self-Certification form. The letter will also advise the participant of his/her relevant grievance process and will include a list of available advocates that may assist. A copy will be maintained in the participant's file. The CoC PSH project shall provide all necessary reasonable accomodations. See Appeals section for details regarding the appeal process.

Required Termination Documents

For all participants terminated from the CoC PSH Program, the Housing Provider is responsible for ensuring completion of the following documents and for maintaining copies in the participant file - all DMHAS required forms are available here:

- Warning Letter (see above)
- VAWA Notice of Occupancy Rights and Incident Certification Form (See above)
- Discharge letter or Termination Letter
- Termination of Payment via Change Order (DMHAS projects only)
- HQS Exit Inspection
- Security Deposit Refund request

SECTION 7: APPEAL/GRIEVANCE PROCESS

Participant Right to Appeal/Grieve

When a participant has a dispute, grievance, or complaint about the administration of the CoC PSH Program he/she may use the appeal or process described below. This includes but is not limited to disputes, grievances, or complaints regarding CAN decisions, rent calculation, repair issues, mistreatment by staff, etc. In addition, any participant determined to be ineligible for or being terminated from CoC PSH has the right to appeal that decision.

At all stages of the appeal/grievance process, factual findings relating to the individual circumstances shall be based on a preponderance of the evidence presented. At all stages of the appeal process, any deadlines for the applicant/participant will be liberally construed.

Determining which Appeal/Grievance Process is Applicable

The process available to file a grievance/appeal depends on what type of help the applicant/participant is receiving or was denied. The **CT BOS Grievance Process** can be used by:

- People who have a problem with the housing assistance they are receiving from or were denied by a Coordinated Access Network (CAN)
- People who have a problem with housing assistance they are receiving from or were denied by a PSH project funded by the Connecticut Balance of State Continuum of Care (CT BOS) for which DMHAS is not the recipient of the CoC funds.

The **CT DMHAS Appeals Process** can be used by:

- People who have a problem with housing assistance they are receiving from or were denied by a CT DMHAS CoC Rental Assistance project.

Steps in the CT BOS Grievance Process

1. The applicant/participant files a grievance with the agency that provided the housing assistance or denied the help needed. The participant should ask the provider agency for a copy of their grievance procedure and follow the steps outlined in that procedure.
2. If the participant/applicant remains dissatisfied, they can file a grievance with CT BOS at (ctboscoc@gmail.com) or by phone at (917)449-3918. This must be done within 30 days of receiving the outcome of the original grievance filed under step #1.
3. If the participant/applicant remains dissatisfied, they can request a final review by the CT BOS Co-Chairs at (ctboscoc@gmail.com) or by phone at (917)449-3918. This must be done within 15 days of receiving the outcome of the grievance filed under step #2.

For more information see: CT BOS Policies

Steps in the ODFC Grievance Process

1. The applicant/participant files a grievance with the agency that provided the housing assistance or denied the help needed. The participant should ask the provider agency for a copy of their grievance procedure and follow the steps outlined in that procedure.
2. If the participant/applicant remains dissatisfied, send your complaint in writing to ODFC CAN Leadership Co-Chairs at openingdoors@thehousingcollective.org. This must be done within 7 days of getting results of the complaint you filed in step 1. You should be given the opportunity to meet with a member of the ODFC CAN Leadership as part of the process within 45 days of filing your complaint. You will be given results in writing. This is the last step for ODFC Compaints.

Steps in the DMHAS Appeal Process (Appeals to DMHAS CoC RA Projects Only)

Informal Conference with the Relevant CAN

The DMHAS appeal process may begin with an informal conference with the relevant CAN. The CAN shall provide the applicant/participant with a conference request form and a list of available advocates when it notifies the applicant/participant of the determination. The determination letter must be mailed to the applicant by first class mail and a copy will be maintained in the applicant/participant's file. When an applicant/participant requests an informal conference with the CAN, the informal conference shall be held within 30 working days of the receipt of the request.

The Housing Provider or CAN shall mail a notice of the informal conference to the applicant/participant. The notice of the informal conference shall include the date, time and place for the conference and a clear and specific statement of the issues presented and shall include a list of available advocates. The notice of the conference shall be mailed to the applicant/participant by first class mail. The notice of informal conference with the CAN shall contain the following advisements:

a) The applicant/participant has a right to review and receive (free of charge before the informal conference) photocopies of the documents in the CoC Rental Assistance file upon which the determination being appealed is based.

b) The applicant/participant has the right to have a representative or advocate present at the informal conference with the CAN. A list of available advocates shall be provided with the notice of the informal conference.

c) The applicant/participant will be given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the initial decision at the informal conference.

d) The applicant/participant has the right to question any witnesses who may be present at the informal conference and to be informed in advance who those witnesses will be.

e) The applicant/participant has the right to bring his/her own witnesses and/or advocates to the informal conference.

If the applicant/participant has any special needs or accommodations or transportation problems which may affect his/her ability to attend the informal conference, he/she should contact the Housing Provider. The relevant CAN shall conduct an informal conference with the applicant/participant.

At the conference, the applicant/participant and the CAN may make an agreement. If the CAN and the applicant/participant do not reach an agreement, the CAN will inform the applicant/participant, in writing (mailed first class) of the specific reason(s) for the determination, and the applicant/participant's right to a formal conference with the DMHAS Appeal Panel. That written notification will include a list of advocates.

The CAN shall make its determination and mail the notice of the determination to the applicant/participant within 15 working days following the informal conference. The Housing Provider or CAN shall provide the applicant/participant with a hearing request form, which contains the name and address of the DMHAS Housing Director, and instructions for requesting a hearing orally.

Hearing with DMHAS Appeal Panel

This panel will have 3 members, 1 representing the DMHAS Recovery Community Affairs staff, and 2 representing a Housing Provider outside of the CAN from which the appeal originated.

When an applicant/participant requests a hearing with the DMHAS Appeal Panel, the hearing shall be held within 30 working days of the receipt of the request. The notice of hearing shall include the date, time, and place of the hearing and a clear statement of the issues presented. The notice of the hearing shall be mailed to the applicant/participant by first class mail not less than 10 days before the scheduled hearing. The notice of hearing with the DMHAS Appeal Panel shall contain the same advisements as described above in the Informal Conference Section.

At the hearing, evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings. However, a decision to deny or terminate eligibility cannot be based on hearsay evidence alone. Applicants/ participants must have the opportunity to confront and cross examine adverse witnesses. The Housing and Homeless Services unit staff shall keep a sign-in sheet of those who attended the hearing and a list of the documents discussed and witnesses present.

Within 10 working days of the hearing, the DMHAS Appeal Panel shall issue a written decision specifying the reasons for the decision and informing the applicant/participant that he/she can request a final review by the Review Panel. The decision shall be mailed to the applicant by first class mail and a copy will be maintained in the applicant/participant file. DMHAS Housing and

Homeless Services Unit staff shall provide the applicant/participant with a request form for the final review with the Review Panel, which contains the name and address of the Review Panel contact, and instructions for requesting a final review orally.

Final Review by Review Panel

When an applicant/participant requests a final review from the Review Panel, the final hearing shall be held within 15 working days of the receipt of the request. The final review will be conducted by a Review Panel composed of 3 individuals who will serve pro bono:

a. The first Review Panel member will be the DMHAS Team Leader.

b. The second Review Panel member will be a participant/applicant Advocate (not representing applicant), including but not limited to, NAMI, Legal Services, Connecticut Legal Rights Project, CT Community for Addiction Recovery (CCAR) and Advocacy Unlimited.

c. The DMHAS Team Leader and the Advocate will select a third Review Panel member. To qualify as a Review Panel member, the individual must have participated in the training workshop regarding this Appeal process and must not be a person (or a subordinate of a person) who made or approved the decision being appealed;

The notice of the final review shall include the date, time and place for the hearing and a clear and detailed statement of the issues. The notice of the hearing shall be mailed to the applicant/participant by first class mail not less than 10 days before the scheduled hearing. The notice shall contain the same advisements as stated above (Section XIV, Part B 5) and a copy will be maintained in the applicant/participant file.

The Review Panel shall keep a sign-in sheet of those who attended the final review and a list of documents discussed and witnesses present. The final review shall be governed by the process described above in the Appeal Panel section. The Review Panel shall issue a written decision within 15 working days of the final review, giving a short statement of the facts on which the decision is based. Copies of the Review Panel's decision shall be mailed to the applicant or participant by first class mail and retained in the applicant/participant's file.

SECTION 8: SUPPORTIVE SERVICE REQUIREMENTS

The CT CoC PSH program provides subsidized housing in connection with supportive services on a long-term basis for people experiencing homelessness with disabilities, who are coming from literally homeless situations, such as emergency shelters and places not meant for human habitation. The program prioritizes applicants who have been homeless the longest and have the most intensive service needs. As such, the program is designed to provide flexible, intensive supports to help participants, who are often facing significant challenges to obtain permanent housing, stabilize in that housing and identify and achieve personal goals.

Services are designed to help participants to build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities. Furthermore, services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping participants to achieve the things that are important to them, and goals are not driven by staff priorities or selected from a pre-determined menu of options.

CT BOS, DMHAS and various partner organizations offer regular training on a range of topics described below. CT BOS and DMHAS strongly encourage Housing and Service Provider staff to participate regularly is such training.

Engagement Principles

CoC funded PSH projects must use an engagement approach that centers on connecting people experiencing homelessness with safe, stable housing and the services and supports they need to achieve long-term stability, recovery, and increased self-sufficiency. CoC projects follow a **rules-in approach**, meaning that services and housing programs are designed to include and engage individuals whenever possible, with eligibility limitations applied when necessary to ensure safety or comply with funding or legal requirements.

Project Entry

- Projects, in partnership with local Coordinated Access Networks (CANs), offer individuals and families experiencing homelessness access to interim and permanent housing options, accompanied by assessment and service planning that address barriers to stability such as mental health, substance use, and employment.
- Projects and CANs apply admission criteria, consistent with funder requirements, to ensure participant and community safety.
- Screening and admission practices follow a **rules-in philosophy**, emphasizing inclusion and support rather than exclusion. Screening and admission practices are designed to balance accessibility with safety. For example, applicants are evaluated holistically; challenges such as substance use, treatment history, poor credit and criminal or rental history are not automatically disqualifying but may be reviewed case-by-case in the context of a plan for stability.
- CT BOS and ODFC , along with state partners, make efforts to ensure that sufficient sober housing options are available to meet the need for such models.

Community Integration and Recovery

- Housing and services are structured to promote integration into the community and support recovery, stability, and independence.

a. Housing is located in neighborhoods accessible to community resources such as employment opportunities, schools, libraries, healthcare providers, faith communities, and transportation.
b. Housing is designed to blend with surrounding residences and reflect community standards.
c. Services help participants build supportive relationships, engage in positive activities, and strengthen family and community ties.
d. Services are recovery-oriented, helping participants set and achieve personally meaningful goals related to health, employment, education, and wellness. Service participation is required and reluctance to engage is used as a critical indicator of service quality. Projects continuously evaluate service participation and adjust services to meet each individual participants' needs to achieve 100% service participation.

Lease, Occupancy Agreement and Service Contract Compliance and Housing Retention

- Participants are expected to comply with standard leases/occupancy agreements and service contracts. Programs provide services and supports to promote housing stability and prevent eviction.
  a. Program expectations align with standard tenancy obligations and community standards.
  b. Services identify and mitigate risks to housing stability, health, and well-being.
  c. Case management and coordination with treatment and service providers help participants address issues before they jeopardize housing.
  d. Involuntary termination from housing or services occurs only with due process and is consistent with legal eviction procedures when applicable.

Coordination of Housing and Services

- Projects are structured so that property management and supportive service functions are clearly defined and coordinated to promote stability and accountability.
  a. Property management and support services are handled by distinct staff or entities with separate responsibilities.
  b. Communication protocols support coordination while maintaining confidentiality.
  c. Property management staff are responsible for enforcing tenancy and occupancy agreement requirements.
  d. Property management and service staff collaborate to address issues impacting housing stability and ensure early intervention and problem-solving.

Participant Choice

- Participants are supported to take an active role in service planning and decision-making, with an emphasis on informed choice.
  a. Programs provide meaningful opportunities for participant feedback and involvement in program design, activities, and policy development, integrating input on the type, frequency, location and focus of services offered.
  b. Staff use person-centered approaches to motivate and support progress toward stability, recovery and independence.
  c. Participants are supported in understanding and reducing risks associated with their choices.
  d. Staff intervene when necessary to protect the safety of participants and others.

e. Participants are informed of their rights and responsibilities and are assisted in maintaining lease/occupancy agreement compliance.

For DMHAS CoC RA projects, involuntary termination from housing or services must be consistent with the HEARTH Termination form. Projects not funded through the CoC program must adhere to requirements as specified in DMHAS contracts.

Service Participation Requirements (CoC Projects Only)

CoC funded projects must require participation in supportive services as a condition of applying for new and renewal funding, except as prohibitied by other statutes (e.g., VAWA). CoC projects must implement service participation requirments in a manner that is consistent with Engagement Principles and with the HUD prohibition (578.75(h)) on requiring participation in services that are related to a participants' disability. Participants may not be required to participate in disability related services, including but not limited to mental health and outpatient health services. Nor may participants be required to take medications. If the purpose of the project is to provide substance use treatment services, CoC Program recipients and subrecipients may require program participants to take part in substance use treatment services as a condition of continued participation in the program; however, they must do so in a manner that is consistent with Engagement Principles. If the purpose of the project is not targeted to people with substance use histories, then the project may not require participation in substance use treatment services.

Trauma-Informed Care

Individuals experiencing homelessness are likely to have experienced previous trauma, and homelessness itself is a traumatic experience that is often stressful, dehumanizing, and dangerous. Experiencing homelessness increases the risk of further trauma, and trauma can interfere with a person's sense of safety, ability to self-regulate, perception of control and self-efficacy, and interpersonal relationships. The Housing and Homeless Services unit strongly encourages all Housing and Service Providers to integrate trauma-informed practices into their CoC PSH projects. This means, for example, helping staff to understand how trauma impacts clients, including how clients might react to triggering situations and helping staff to develop more effective responses to those reactions. This also includes emphasizing participant and staff safety, ensuring that services are predictable, staff roles and boundaries are clear and staff are reliable, being aware of potential triggers to avoid re-traumatization, creating opportunities to rebuild participants' sense of control, emphasizing participant choice, and assisting participants to continuously identify their strengths and build new skills.

Roles and Responsibilities in Providing Supportive Services

As described in this Guide, each CoC PSH project has an agency that serves as the Housing Provider and is responsible for administering CoC Rental Assistance funds. DMHAS CoC RA projects work with Local Mental Health Authority (LMHA) operated either directly by DMHAS or by a DMHAS funded non-profit agency. The Housing Provider or LMHA often also provides housing coordination services. In some cases, a non-profit agency serves both as the Service Provider and the LMHA/Housing Provider.

In most CoC PSH projects, one or more non-profit agencies receive CoC supportive servies funds to provide and coordinate supportive services for participating households. In some cases, the non-profit agencies receive supportive services funding directly from HUD. In other cases, DMHAS contracts with non-profit agencies to provide services in PSH projects using either CoC or state funds. Where there is more than one Service Provider designated to the project, the Housing Provider is responsible for ensuring that each participant is referred to a Service Provider. In a limited number of PSH projects across the state, there is no non-profit agency specifically designated to provide supportive services, and the Housing Provider links participants to behavioral health services available through the LMHA.

In cases where there is no service provider designated to the project, the Housing Provider is responsible for:

- Tracking which participants are already engaged with a case manager either through the LMHA or at a community-based provider.
- Maintaining current contact information for the primary case manager in each client's file.
- Coordinating and documenting such coordination with the primary case manager to encourage prompt intervention when the Housing Provider becomes aware of issues that may threaten housing stability.
- Identifying which participants are not already engaged with a primary case manager.
- Making assertive efforts at a minimum every 6 months to connect all participants not already engaged to a primary case manager. Such efforts must include, for example, encouraging participants to engage in case management services during annual re-certification meetings and whenever an issue that threatens housing stability is identified. Engagement efforts must occur face-to-face at least annually and as frequently as determined feasible by the Housing Provider. Additional engagement efforts may also be conducted via mail and/or phone, including texting.

Additional Housing Provider and Service Provider responsibilities are specified below.

Participant Choice

Service Providers and Housing Providers are required to maximize participant choice, including supporting participants to determine the type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor. Housing Providers and Service Provider staff should accept tenant choices as a matter of fact without judgment and provide services that are non-coercive to help participants to achieve their personal goals. Staff should also accept that risk is an inevitable part of the human experience and should help tenants to understand risks and reduce harm caused to themselves and others by risky behavior. Staff must understand the clinical and legal limits associated with choice and intervene as necessary when someone presents a danger to self or others. Service Providers and Housing Providers are required to provide meaningful opportunities for participant input and involvement when designing programs, planning activities and determining policies. This includes, for example, seeking participant input through surveys, focus groups, advisory boards, suggestion boxes and/or other means.

Assertive Engagement

Experiencing homelessness can make it difficult for participants to trust staff and engage in a productive case management relationship. Commonly people experiencing homelessness face trauma, victimization, loss of power, role and connection, lack of privacy and sleep, fear, and disabilities that may impact interpersonal connections. Frequently, people experiencing homelessness have also faced ineffective and/or inaccessible human service programs.

Consequently, people with lived experience of homelessness, particularly those who have spent the most time on the streets and/or in shelters, may have little hope for a future that looks different than their current reality. They may also not believe that case management services will help them. As such, Housing Provider and Service Provider staff faces the challenge of finding ways to build trust and hope. Successful engagement strategies incorporate repeated, predictable patterns of interaction, which help participants to feel safe and develop trust in staff. Also critical to the engagement process is helping people address concrete needs, such as access to food, furniture, basic household goods, toiletries, clothing, transportation, companionship and medical care.

It is the responsibility of Housing Providers and Service Providers to make regular attempts using a variety of contact methods to engage participants. Engagement attempts should be made with a frequency that is responsive to participant needs. For example, participant charts should document prompt attempts at intervention on identified issues that threaten housing stability or health/wellbeing. For projects with a designated Service Provider, charts should document that, in general, engagement attempts occur at least 2 times monthly and at a frequency that is commensurate with participant needs. Attempts that are less frequent should be supported by an assessment that is approved by a supervisor and that indicates a lower level of service need.

When participants decline services or otherwise demonstrate reluctance to engage, Service Providers should use of a variety of contact methods (e.g., phone, mail, text, in person, invitations to recreational opportunities, attempts to provide concrete services, such as, food, clothing, toiletries). For information about Housing Provider responsibilities when no designated Service Provider exists, see Roles and Responsibilities in Providing Supportive Services section above.

Assessment

Service Providers are responsible for conducting and maintaining in the participant's chart an assessment of supportive service needs at a minimum of every 6 months. Such an assessment must identify the services required to assist the participant to achieve long-term housing stability and accomplish identified goals. Needs assessment should be an on-going process that occurs continuously throughout a participant's tenure in the program. At a minimum of every 6 months, Service Providers are responsible for engaging each participant in a discussion of his/her needs and preferences, exploring the participant's goals, strengths and limitations. DMHAS requires Service Providers in DMHAS CoC RA projects to use the CT Supportive Housing Assessment. Service Providers are also responsible for making adjustments to the services they provide as determined necessary by the needs assessment.

Assessment for Higher Level of Care. As part of the initial and ongoing needs assessment process, Service Providers must assess whether a participant's physical health, behavioral health, cognitive, functional, substance use, or other needs indicate that a higher level of care may be necessary to maintain the participant's health, safety, and stability. Indicators may include significant deterioration in functioning, repeated hospitalizations or crises, inability to safely perform activities of daily living, or needs that cannot be adequately addressed through PSH and available community-based services. When such indicators are identified, the Service Provider must coordinate with appropriate qualified health and/or behavioral health providers to obtain further assessment and facilitate referral and connection to the appropriate level of care, which may include assisted living, skilled nursing, residential treatment, or other intensive treatment or supportive settings. The assessment, coordination, referrals, and resulting service-plan changes must be documented in the participant chart. The Service Provider must make all reasonable efforts to honor participant choice to remain in PSH and assist the cient to make an informed choice. If applicable, the Service Provider must also:

- Document concerns indicating the potential need for a conservator
- Convene the participant's treatment and support team to determine what less restrictive alternatives may be available, including voluntary conservatorship
- Seek legal consultation regarding conservatorship
- Determine a pathway to petition for conservatorship as needed

- Coordinate with a conservator when applicable

Assessment of needs related to pets. Assessing needs and providing services to enable people and their pets to stay together has been identified as a national best practice in the homelessness response system. Scientific evidence demonstrates that pets improve physical and mental health and that grief associated with the loss of a pet can produce prolonged grief disorder, which is associated with suicidality. Emerging evidence suggests that interventions that support animal caregivers may help preserve the human-animal bond and reduce suicide risk.

Service providers are encouraged to include in initial and updated assessments at a minimum the following nationally recognized questions and to adjust services provided as necessary:

1. Do you have any pets? If yes, what kind and how many?
2. Are your pets helpful for you? If yes, how?
3. Do you have any concerns or worries about your pets? If yes, what are they?

Housing Provider Assessment Responsibilities. Where no Service Provider is designated to the project the Housing Provider is responsible for:

- Completing or ensuring that the primary case manager completes an assessment of each participants' supportive service needs at a minimum annually,
- Maintaining a copy of the assessment in each participant's file, and
- Making assertive attempts as described above to engage each participant in the services identified through the assessment as necessary.

Housing Providers can use the "Brief Participant Needs Assessment" form to meet their assessment obligations when there is no designated Service Provider assigned to a project.

Service Planning

People commonly want some basic things from their lives, a safe, affordable place to live, income, friends, romantic relationships, a role in their communities and families, a chance for their children and themselves to get ahead, and services that meet their needs and offer choices. Service Providers are required to use a person-centered, low-barrier approach to case management focusing on strengths, drawing upon successes and using them to guide and build continued progress. They should help participants to recognize their desires and interests, define a vision for what they want out of life and establish hope that those things are possible. They should then design services to help the participants to achieve those things. This includes helping participants to increase control over their own lives by developing the relationships, accessing the supports, and building the skills and abilities needed to achieve personal goals.

This approach to case management services uses a Service Plan to identify participants' goals and structure the work that Service Provider and participants do together. Service Providers are responsible for:

- Completing an initial Service Plan within 60 days of each participant's entry into the project.
- Updating each participant's plan at least every 6 months.
- Documenting on each plan specific and measurable action steps that indicates who is responsible for each action and when those actions will occur.
- Helping participants to identify and achieve the things that are important to them and ensuring that goals are not driven by staff priorities or selected from a pre-determined menu of options.
- Having each plan signed by the direct service staff person, participant, and supervisor.
- Documenting in case notes that assistance with achieving goals and objectives is regularly provided to each participant.

Though Service Providers are required to make assertive attempts to engage participants in Service Planning, participants are not required to develop a Service Plan. When working with a participant who is reluctant to engage, Service Providers are required to document attempts to encourage service planning.

Where no Service Provider is designated to the project the Housing Provider is responsible for:

- Attempting to obtain any service plan developed by the primary case manager.
- Coordinating with the case manager and participant, as determined feasible by the Housing Provider, to support goal achievement.

A sample Service Planning tool from CSH is available here. .

Housing Stabilization Services

The goal of the CoC PSH program is to assist participants to stabilize in and retain permanent housing so that they are able to achieve other meaningful personal goals. Program expectations should align with standard tenancy obligations and community standards . Property Owners are responsible for enforcing the lease and Service Providers and/or Housing Providers are responsible for helping participants to understand the legal obligations of tenancy and to comply with their lease obligations. This includes assisting participants to avoid and correct lease violations and reduce the risk of eviction. Housing Providers are responsible for educating participants or ensuring that Service Providers educate participants regarding lease terms.

Coordination with the Property Owner to encourage pro-active lease enforcement by the landlord and prompt intervention by the Service Provider and/or Housing Provider when threats

to housing stability are identified is essential to the effective functioning of the CoC PSH program. As such, Service Providers and/or Housing Providers are responsible for ensuring defined processes for communication with Property Owners to support stable tenancy. Such processes must be designed to protect client confidentiality and share confidential information when authorized by the participant and on a need to know basis only.

To assess and support stable tenancy, Service Providers are responsible for meeting with participants in their apartments at least once within the first 30 days of tenancy and at least every 6 months.

In most cases, home visits should be made more frequently, and frequency should be responsive to participant needs. Home visits at a frequency of less than semi-annually must be supported by an assessment indicating a lower level of service need. As part of on-going efforts to assess risks to stable tenancy, the Service Provider is required to document in each participant chart that a Health and Safety Checklist has been completed on each unit at least annually and approximately 6 months following the HUD-required HQS inspection. All DMHAS required forms are available here. For more information on HQS inspections see Unit Approval in the Administering CoC Housing Assistance section of this Guide.

Motivation Building

CoC PSH Participants have experienced homelessness and other setbacks in life. These experiences can cause a loss of hope and drain motivation to make changes. Housing Providers and Service Providers should use motivation building techniques that focus on creating a partnership with the participant and eliciting and amplifying the person's own reasons to change. For example, Housing Providers and Service Provider staff should:

- Help participants to identify and resolve any ambivalence they may feel about obtaining and/or maintaining stable housing and/or achieving other goals.
- Help participants to gain control of their own lives, define their personal values, preferences, and visions for the future, and establish meaningful individual short and long-term goals.
- Help participants to develop discrepancy between their personal goals or values and their current behavior.
- Adjust to client resistance rather than opposing it directly.
- Help participants to build confidence, self-efficacy and hope that the things they want out of life are attainable.
- Use reflective listening techniques, to confirm that they understand what the participant is saying.

Moving-on from PSH

Though, contingent on the availability of continued funding, the CoC PSH program can offer permanent rental assistance and on-going supportive services, Service Providers are required to assess participants who have stabilized in housing for interest in moving-on from the project to other stable housing. Participants have the option to decline, but when participants are interested, Service Providers are required to provide moving-on assistance. This includes but is not limited to helping participants to apply for other affordable housing opportunities, helping participants to locate another unit, helping participants to connect to alternative service providers, and providing temporary supports during the transition. When no Service Provider is designated to the project, Housing Providers should, to the extent they deem feasible, assess for and provide assistance with moving-on. See DOH Moving On Policy and Procedures for more information.

SECTION 9: PROJECT EVALUATION AND MONITORING

Annual Evaluation

Each CoC is responsible for evaluating projects it funds annually. This includes establishing evaluation criteria, and performance benchmarks, collecting data necessary to perform the evaluation, analyzing that data, and producing evaluation reports describing the results of the evaluation. This may also include establishing a corrective action process, through which projects that do not meet minimum standards, as defined by the CoC, are required to submit an improvement plan. CoCs may also establish certain limitations for Service Providers with projects in corrective action, such as ineligibility to apply for new CoC project funds.

Housing Providers and/or Service Providers are required to provide all data and respond to all CoC and/or DMHAS requests for information related to project evaluation in accordance with the timelines established by the CoC and/or DMHAS. If projects do not meet the established minimum performance standards or fail to provide the information necessary, funding may be discontinued or Service Providers may be replaced at the discretion of DMHAS and/or the CoC. For more information on CoC Renewal evaluation see CT BOS Renewal Evaluation page and ODFC.

Fully Spending Grant Funds

To ensure that limited federal resources are used to their fullest extent toward ending homelessness, it is critical that projects come as close as possible to fully spending available funds. This typically requires close coordination between Housing Providers and Service Providers, and both are responsible for ensuring full expenditure. To support this effort, DMHAS compiles available data on grant expenditures regularly for DMHAS CoC RA projects and provides

a spreadsheet for housing coordinators to track project spending. In addition, each CoC may conduct an analysis of spending data at their discretion.

Housing Providers and Service Providers are responsible for:

- Closely monitoring expenditures on all budget line items for all CoC PSH grants.
- Reviewing reports provided by DMHAS and/or the CoC, ensuring data accuracy, and supplementing the information with more current data whenever such data is available.
- Promptly determining the reason for any under-spending and whether the under-spending is anticipated to continue in a manner that will result in funds not being fully spent at the end of the grant term.
- Tracking spending over time to identify patterns that may indicate that the project is regularly unable to fully spend allocated funds.
- Seeking a HUD grant agreement amendment to shift funds among budget line items as appropriate. DMHAS CoC RA projects must work with the Housing and Homeless Services Office on any grant agreement amendments.
- Taking prompt action to correct any under-spending, including identifying any amount that the project is regularly unable to spend and that should be returned to the CoC to fund new projects.
- Promptly providing any information requested by DMHAS and/or the CoC related to spending.

If projects are not fully spending, DMHAS and/or the CoC reserve the right to reduce project budgets permanently at their discretion. DMHAS CoC RA projects should see also PSH Spending Tool.

Project Monitoring

HUD requires CoCs to monitor funded projects, and it requires recipients of CoC funds to monitor subrecipients. DMHAS has a contract with an independent agency who conducts monitoring for a subset of projects annually, and the CoCs may also monitor projects at their discretion. Monitoring is intended to help:

- ensure projects are prepared for HUD monitoring visits;
- reduce the risk of funding being recaptured by HUD;
- support compliance with HUD requirements, DMHAS requirements as described in this Guide and with local CoC requirements as established in written standards; and
- identify areas of need for training and technical assistance.

Projects are selected for monitoring by the Housing and Homeless Services Unit and/or the CoC based on a variety of factors, which may include, for example, renewal evaluation scores, project

size, project location, and previous monitoring history. Monitoring protocols are established by each CoC and by DMHAS at their discretion. Monitoring typically entails:

- a review of rental assistance administration records, including eligibility documentation
- a review of participant service and/or housing provider charts maintained by the Housing Provider and/or Service Provider
- a review of subrecipient agency fiscal records
- a review of subrecipient agency policies
- interviews with project staff and consumers.

Housing Providers and Service Providers are required to accommodate all CoC and/or DMHAS requests for and access to information related to monitoring in accordance with the timelines established by the CoC and/or DMHAS. If monitoring reveals significant non-compliance or projects fail to provide the information/access necessary, funding may be discontinued or Service Providers may be replaced at the discretion of DMHAS and/or the CoC.

For more infomation see the CoC Monitoring Tool and Guide which includes the monitoring criteria and Participant Chart Requirements by Project Type.

SECTION 10: OTHER PROGRAMMATIC AND OPERATIONAL REQUIREMENTS

Violence Against Women Act

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, stalking and/or human trafficking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The policies laid out in this guide and the DMHAS CoC RA policy on the rights of persons who are victims of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking conform to the provisions of the Violence Against women Act (VAWA), as follows:

Protections for Applicants for Assistance

Applicants who otherwise qualify for assistance under the CoC PSH program cannot be denied admission or denied assistance because they are or have been a victim of domestic violence, dating violence, sexual assault, stalking and/or human trafficking or as a result of adverse factors resulting from the abuse (e.g., poor credit or criminal history)

Protections for Participants

Participants receiving assistance under the CoC PSH program may not be denied assistance, terminated from participation, or be evicted from their rental housing because they are or have been a victim of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking. If participants, applicants, or any affiliated individual[11] is or has been the victim of domestic violence, dating violence, sexual assault, stalking by a member of your household or any guest, and/or human trafficking, they may not be denied rental assistance or occupancy rights solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, stalking and/or human trafficking. If an abuser is an unauthorized occupant and the survivor, because of the abuse, did not have choice in allowing the abuser to occupy the unit, unauthorized occupancy cannot be sole grounds for eviction.

Removing the Abuser or Perpetrator from the Household

The Housing Provider or Property Owner may divide (bifurcate) a lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, stalking and/or human trafficking.

If the Housing Provider chooses to remove the abuser or perpetrator, the Housing Provider or Property Owner may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, the Housing Provider or Property Owner must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, the Housing Provider or Property Owner must follow federal, state, and local eviction procedures. In order to divide a lease, the Housing Provider may, but is not required to, ask the participant for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, and/or human trafficking. See section on certifying below.

Moving to Another Unit

The CoC PSH program allows victims of domestic violence, dating violence, sexual assault, stalking and/or human trafficking to move to another subsidized unit to protect their safety and maintain affordable housing. All projects are required to comply with the relevant CoC's emergency transfer plan (see CT

11 Affiliated individual means: (1)A spouse, parent, brother, sister, or child of that individual, or a person to whom that individual stands in the place of a parent or guardian (for example, the affiliated individual is a person in the care, custody, or control of that individual); or (2) Any individual, tenant, or lawful occupant living in the household of that individual.

BOS emergency transfer plan; Opening Doors Fairfield County).Providers must retain records for all emergency transfer requests and outcomes. Participants living in CoC assisted units who qualify for emergency transfers but cannot make an immediate internal emergency transfer (i.e., within the inventory of the agency currently assisting them) must be provided with priority over all other applicants for a new unit elsewhere.

Certifying You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

The Housing Provider can, but is not required to, ask a participant to certify that they have or have been a victim of domestic violence, dating violence, sexual assault, and/or human trafficking. Under most circumstances, victims need only self-certify. See VAWA Incident Certification and Emergency Transfer Request Form.

Lack of documentation should not cause a barrier to receiving protections needed to keep victims safe. Housing Providers may take participants at their word or can ask for self-certification through the VAWA Incident Certification or Emergency Transfer Request Form. Only when there is conflicting evidence (e.g., regarding who is the abuser and who is the victim), can the Housing Provider ask for third-party documentation. Such documentation must be in writing, and Housing Provider must give the participant at least 14 business days to provide the documentation. Housing Providers must allow any of the following as third-party documentation: police, court or administrative records, statements from a third-party (e.g., victim service provider, medical or mental health professional, or attorney), any other statement or evidence that the Housing Provider has agreed to accept. It is the participant's choice which of the above to submit.

Confidentiality

The Housing Provider, Service Provider, and Property Owner must keep confidential any information provided by a participant related to exercising her/his rights under VAWA, including the fact that her/his are exercising her/his rights under VAWA. The Housing Provider, Service Provider, and Property Owner must not allow any individual administering assistance or other services on behalf of the CoC PSH program (for example, employees and contractors) to have access to confidential information except for reasons that specifically call for these individuals to have access to this information under applicable federal, state, or local law. The Housing provider or Service Provider must not enter confidential information into any shared database or disclose confidential information to any other entity or individual. Disclosure is permitted provided the participant gives written permission to release the information on a time-limited basis, the Housing Provider needs to use the information in an eviction or termination proceeding, such as to evict the abuser or perpetrator or terminate the abuser or perpetrator from assistance under

this program, or a law requires the Housing Provider, Service Provider, or Property Owner to release the information.

VAWA does not alter the Housing Provider, Service Provider or Property Owner's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Participant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

A participant can be evicted and assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, stalking and/or human trafficking committed against the participant. However, the Housing provider cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, stalking and/or human trafficking to a more demanding set of rules than it applies to tenants who have not been victims.

The protections described in this notice might not apply, and the participant could be evicted and assistance terminated, if the Housing Provider can demonstrate that not evicting or terminating assistance would present a real physical danger that: 1) would occur within an immediate time frame, and 2) could result in death or serious bodily harm to other tenants or those who work on the property.

If the Housing Provider can demonstrate the above, the Housing Provider must only terminate assistance if there are no other actions that could be taken to reduce or eliminate the threat.

Notification of VAWA Rights

The Housing Provider is required to provide the Notice of Occupancy Rights (HUD Form 5380) and/or VAWA Incident Certification Form (HUD Form 5382) to each adult participant and applicant as described below.

The Notice of Occupancy Rights must be provided when applicants are applying for CoC assistance.

The Notice of Occupancy Rights & Incident Certification Form must also be provided at each of the following times:

(A) When an applicant is denied CoC Assistance
(B) When a participant is admitted to the CoC program;
(C) When a participant is re-certified annually for the CoC program

(D) When a participant is notified of termination of assistance.

In addition, the Property Owner is required to provide to each adult participant the Notice of Occupancy Rights & Incident Certification Form when a program participant receives notification of eviction. Both forms are available in multiple languages on the HUD Forms Resources page.

In addition, all PSH projects are required at project entry, and at annual recertification to:

- Inform all individuals/families receiving assistance, regardless of known DV survivor status, of their rights under the emergency transfer plan and of the process to seek a transfer.
- Provide a notice that clearly explains the emergency transfer rights and process.

Non-Compliance with VAWA Requirements

If a participant believes that the Housing Provider, Service Provider or Property Owner violated any of these rights and needs additional assistance, the participant may contact or file a complaint with the HUD field office. Contact information is below:

Hartford Field Office

One Corporate Center
20 Church Street, 10th Floor
Hartford, CT 06103-3220
Phone: (860) 240-4800
Email: CT_webmanager@hud.gov
Fax: (860) 240-4850
TTY: (800) 877-8339

Complaints can also be filed per the Appeals/Grievance Process described in this Guide.

Every Student Succeeds Act

Federal law ensures educational rights and protections for children and young adults 18-24 experiencing homelessness. Protections apply to children and youth who are living with a parent or guardian and those who are not. Every school district and public charter school in CT is required to designate a homeless liaison who is responsible for ensuring the identification, school enrollment and stability, attendance and opportunities for academic success of students in homeless situations.

Housing Providers and Service Providers serving families with children and/or young adults 18-24 are responsible for the things outlined in below. All Service Providers that receive a sub-award of CoC funds and that are serving families with children and/or young adults 18-24 are required

to adopt similar policies.

The purpose of the policy described below is:

- to ensure that Participants are helped to understand their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act and most recently reauthorized by the Every Student Succeeds Act;
- to ensure that children and young adults are immediately enrolled in school, as required by federal and state law; &
- to ensure that children and young adults are connected to transportation and educational services to help them succeed in school.

The following requirements apply to all CoC PSH projects:

1. Housing shall be located in neighborhoods that are accessible to community resources and services, including schools, libraries, and other educational services.

2. The Housing Provider or Service Provider is responsible for designating at a minimum 1 staff member who is responsible for:
    a. Ensuring that all families with children and young adults participating in the CoC PSHproject are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter.
    b. Ensuring that no matter where they live, how long they have lived there, or how long they plan to stay, all children and young adults participating in the project are enrolled in school immediately, even if they lack the paperwork normally required (e.g., school records, records of immunization, and other required health records, proof of residency, guardianship, and other documents), are unable to pay fines or fees, or have missed application or enrollment deadlines. Students have the right to enroll in school and attend classes while the school gathers needed documents. Enrollment shall occur as quickly as possible and within no more than 48 hours of project entry. Children and young adults who are not required by state law to enroll in school shall be encouraged and assisted but not required to enroll. Families shall be encouraged and assisted to enroll children in early childhood education programs. Enrollment includes attending classes and participating fully in school activities and applies to youth without a parent or guardian.
    c. Assisting unaccompanied youth to choose and enroll in a school, giving priority to his/her wishes and assisting to exercise his/her right to appeal.
    d. Advocating as necessary to ensure that students experiencing homelessness are able to continue to attend their school of origin (i.e., where they went before experiencing homelessness or the school in which they were last enrolled) the entire time they are experiencing homelessness and until the end of the academic year during which they find permanent housing. This includes pre-schools and the designated receiving

school at the next grade level when a student completes the final grade level served by the school of origin. Remaining in the school of origin should be presumed to be in the best interest of the student unless contrary to the request of the parent, guardian or unaccompanied youth.

e. Assisting, as necessary, to ensure that the parent, guardian, or unaccompanied youth is provided with the required written explanation of decisions made by school districts/charter schools and how to appeal them and that they are referred to the local school district's homeless liaison who must carry out the dispute resolution process as expeditiously as possible.
f. Assisting, as necessary, to appeal any decision by the local school district or charter school that it is not in the student's best interest to attend the school of origin or the school where they currently live if requested by the parent, guardian or unaccompanied youth.
g. Advocating, as necessary, to ensure that if a dispute arises over eligibility, school selection, or enrollment, the student is immediately enrolled in the school in which enrollment is sought, pending resolution of all available appeals.
h. Advocating, as necessary, to secure the transportation services to which students are entitled (i.e., to and from the school or preschool of origin, including until the end of the year when the student obtains permanent housing).
i. Assisting, as necessary, to secure temporary transportation services through other means, if possible, when school districts/charter schools are unable to immediately provide such required services.
j. Advocating on behalf of students experiencing homelessness as necessary to ensure that they receive the services for which they are eligible according to their needs and comparable to those provided to other students, including assistance from the local school district's homeless liaison, Early Intervention Program for Infants and Toddlers with Disabilities, Head Start, other preschool programs, services for disabled students, free school meals, services for English language learners, gifted and talented services, before and after school care, career and technical education, summer learning, online learning, and referrals to health, mental health, dental and other services.
k. Advocating as necessary to ensure that students experiencing homelessness who meet the relevant eligibility criteria do not face barriers to accessing academic and extracurricular activities, including magnet and charter schools, summer school, career and technical education, advanced placement, online learning, and athletic programs.
l. Advocating, as necessary, to ensure that students receive appropriate full or partial credit for coursework, including consulting with the prior school about partial coursework completed, evaluating students' mastery of partly completed courses,

and offering credit recovery.

m. Advocating as necessary to ensure that all youth experiencing homelessness receive information and individualized counseling regarding college readiness, college selection, the application process, financial aid, and the availability of on-campus supports; and that unaccompanied youths experiencing homelessness are informed of their status as independent students for the purposes of federal financial aid for postsecondary education and assisted in receiving verification of such status.

n. Advocating as necessary to ensure that records, including information about a student's living situation, are kept private.

o. Helping students experiencing homelessness to succeed in school and to get help from the local homeless education liaison, as necessary.

p. Developing relationships with colleges to access higher education services specifically for young adults experiencing homelessness.

q. At least 1 designated staff person is also responsible for:
   - Helping participants to understand their educational rights
   - Ensuring that children and young adults are enrolled in school and early childhood education
   - Ensuring that students get access to all services, programs, and extracurricular activities for which they are eligible
   - Ensuring that children and young adults receive the transportation services to which they are entitled

These need not be the only responsibilities of the designated staff person.

r. Ensuring that the designated staff person is involved in the development of participants' service plans where there are extensive or significant unmet educational needs.

s. Ensuring that no policies, procedures, or practices that are inconsistent or interfere with the educational rights established under federal law are adopted by the project.

Information for Participants on Educational Rights is available here:

- Information for Parents – In English – PDF
- Information for Parents – En Español – PDF
- Information for School-Age Youth – In English – PDF
- Information for School-Aged Youth – En Español – PDF

Contact information for local homeless liaisons is available here. Information is also available at the National Center for Homeless Education.

Limited English Proficiency

Service and housing providers are required to take reasonable steps to ensure meaningful access to CoC PSH projects for people with Limited English Proficiency (LEP). This includes, for example,

service and housing providers should determine what language needs exist, what assistance measures are sufficient for the CoC funded project, and what reasonable steps they will take to ensure meaningful access for LEP persons (e.g., hiring bilingual staff, translating written materials, using a language line interpreter service when necessary).

Record Retention

As per the CoC Program Interim Rule (578.103), all records pertaining to CoC funds must be retained for the greater of 5 years or the period specified below. Participant eligibility documentation must be maintained for 5 years after the end date of the last grant period under which the participant was served. Where CoC funds are used for acquisition, new construction or rehabilitation records must be maintained until 15 years after the date the project site was first occupied or used by participants.

Confidentiality

Housing Providers, Service Providers, and Property Owners are required to abide by all applicable federal and state confidentiality requirements. This may include, for example:

- Federal VAWA confidentiality provisions summarized above. More information available here.
- Federal HIPAA requirements if the provider is a "covered entity"; more information is also available from HHS here.
- Federal HMIS requirements;
- CT State laws and DMHAS Policies and Directives;
- Federal HIPAA requirements; more information available at: https://www.hudexchange.info/resource/1321/hmis-hipaa-and-other-state-and-federal-laws-and-assorted-legal-issues/ and https://www.hhs.gov/hipaa/for-individuals/index.html
- Federal HMIS requirements; more information available at: Updated FY 2026 HMIS Data Standards - HUD Exchange
- CT State laws and DMHAS Policies and Directives; more information available in the DMHAS Confidentiality Statement and for DMHAS contracted agencies, in the relevant DMHAS contract.

Housing Providers and Service Providers must develop and implement written procedures that comply with all applicable federal and state confidentiality requirements this includes but is not limited to procedures to ensure (24 CFR 578.103):

- all records containing protected identifying information of any individual or family who applies for and/or receives Continuum of Care assistance will be kept secure and confidential;

- the address or location of any family violence project assisted with Continuum of Care funds will not be made public, except with written authorization of the person responsible for the operation of the project; and
- The address or location of any housing of a program participant will not be made public, except as provided under a preexisting privacy policy of DMHAS or a subrecipient of CoC grant funds and consistent with state laws regarding privacy and obligations of confidentiality.

Number of Assisted Households

Each CoC PSH Project must serve at least as many program participants as shown in its grant agreement with HUD. That number is established through the project application submitted to HUD annually through the CoC Program Competition and may be amended through the technical submission and/or grant amendment processes (for more information see Significant Changes and Definitions sections).

Projects are encouraged to serve more than the required number of program participants whenever feasible. For example, if the amount in a grant reserved for rental assistance over the grant period exceeds the amount that will be needed to pay the actual costs of rental assistance, due to such factors as contract rents being lower than FMRs and/or program participants being able to pay a portion of the rent, Housing Providers may use the excess funds to serve a greater number of program participants (See Fully Spending Grant Funds section for more information).

Ensuring that the project serves at least the minimum required number of participants typically necessitates close coordination between Housing providers, Service Providers, and, when applicable, the DMHAS Housing and Homeless Services unit. All are responsible for ensuring that projects remain fully occupied. DMHAS and/or CoCs reserve the right to take appropriate action when projects fail to consistently maintain full occupancy. Such actions may include, for example, placing the project in corrective action status, changing the Service Provider, or discontinuing project funding (for more information see the Project Evaluation and Monitoring section).

Significant Changes

Neither Housing Providers nor Service Providers may make any significant changes to a project without prior HUD approval, evidenced by a grant amendment signed by HUD and by the grant recipienet, which for DMHAS CoC RA projects is DMHAS. Significant changes include a change of recipient, a change of project site, additions or deletions in the types of eligible activities approved for a project, a shift of more than 10 percent from 1 approved eligible activity to another, a reduction in the number of units, and a change in the subpopulation served (24 CFR

578.105). In DMHAS CoC RA Projects, Housing Providers and/or Service Providers wishing to make a significant project change are required to contact the Housing and Homeless Services Unit prior to reaching out to the HUD Field Office.

For minor changes, (i.e., those not specified above), HUD requires fully documenting the change in project records (e.g., via a Memo to File) and, if applicable, alerting the Field Office of the change to enable draw down of funds in LOCCS. Housing Providers and/or Service Providers wishing to make a minor project change in a DMHAS CoC RA project are required to contact the Housing and Homeless Services Unit prior to implementing the change or reaching out to the HUD Field Office.

CoCs may also have requirements related to minor and/or significant changes. Housing Providers and Service Providers must also follow any CoC specific requirements.

Access to records

Federal Government rights - Notwithstanding the confidentiality procedures established under the HEARTH Interim Final Rule, HUD, the HUD Office of the Inspector General, and the Comptroller General of the United States, or any of their authorized representatives, must have the right of access to all books, documents, papers, or other records of DMHAS, the Housing Provider and subrecipients that are pertinent to the Continuum of Care grant, in order to make audits, examinations, excerpts, and transcripts. These rights of access are not limited to the required retention period, but last as long as the records are retained.

Public rights. DMHAS must provide citizens, public agencies, and other interested parties with reasonable access to records regarding any uses of Continuum of Care funds DMHAS or its subrecipients received during the preceding 5 years, consistent with State and local laws regarding privacy and obligations of confidentiality and confidentiality requirements in this part.

Participation of People with Lived Experience of Homelessness

Each agency that receives CoC funds including each recipient and each subrecipient of CoC funds must provide for the participation of not less than one person with lived experience of homelessness (PWLEH) on the board of directors or other equivalent policymaking entity of the recipient or subrecipient agency. This requirement can be waived if the recipient or subrecipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with PWLEH when considering and making policies and decisions. (24 CFR 578.75)

Recipients and subrecipients of CoC funds must also, to the maximum extent practicable, involve PWLEH through employment; volunteer services; or otherwise in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project. (24 CFR 578.75)

CoC PSH projects are strongly encouraged to involve participants in the design, evaluation and delivery of project operations. This may include for example, employing participants and/or seeking participant input into project services. CoCs may also establish certain participant involvement requirements, such as conducting consumer satisfaction surveys at least annually.

Whenever feasible, Service Providers are strongly encouraged to offer participants stipends to encourage and support their involvement. Such stipends are eligible under the Project Administration budget line item if participants are supporting project monitoring and evaluation activities.

Homeless Management Information System (HMIS) Requirements

All CoC PSH projects must comply with HMIS requirements, as defined by HUD, the applicable CoC and/or the CoC HMIS Lead. For each project, either the Service Provider or Housing Provider must enter client data into the CT HMIS. Victim service providers, as defined by HUD (See Definitions Section), are prohibited from entering client level data in HMIS and must, instead, enter data into a comparable database that complies with HUD's HMIS requirements.

Typically, the Service Provider is responsible for HMIS data collection and entry. Data collection and entry must be done in an ongoing, timely, and accurate manner. Service Providers and/or Housing Providers must employ a system for periodically reviewing and ensuring HMIS data accuracy. This should include, for example, running the Annual Progress Report (APR) on a monthly basis to help ensure data quality and data preparedness to submit an actual APR (for more information see APR section below).

Service Providers and Housing Providers are strongly encouraged to refer to the HMIS Steering Committee suggestions for ensuring that HMIS data collection & entry is efficient and/or that data collected are available and useful to inform service delivery.

For more information please visit the CT HMIS website.

Annual and Quarterly Progress Report (APR, QPR) Requirements

All CoC PSH projects must report data on use of CoC funds in an APR. PSH projects funded through the 2022 Special Notice of Funding Opportunity (SNOFO) are also required to submit QPRs. Projects must also submit any additional reports, as and when required by HUD, the applicable CoC and/or

DMHAS. For DMHAS CoC RA projects, APRs must be submitted to DMHAS no later than 60 days from the end date of the project's grant term. For all CoC PSH projects, APRs must be submitted to HUD no later than 90 days from the end date of the project's grant term. It is the expectation of the Housing and Homeless Services Unit that the Housing Providers and Service Providers in DMHAS CoC RA Projects will run APRs and QPRs and begin data quality verification and corrections immediately upon termination of the grant period. This is imperative to ensure that APR/QPR data are accurate and available for timely submission to HUD. The recipient of HUD funds is responsible for submitting APR/QPR data to HUD using SAGE, HUD's web-based reporting repository.

SECTION 11: ALLOWABLE COC PROGRAM EXPENSES AND FISCAL REQUIREMENTS

Federal Fiscal Requirements

Housing Providers and Service Providers who are subrecipients of CoC funds may only expend CoC funds on expenses defined as allowable by HUD. What constitutes an allowable expense is defined by:

- CoC Program Interim Rule
- Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards: 2 CFR part 200
- HUD Notice: Transition to 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Final Guidance

This section of the guide is intended only as an overview of fiscal requirements. The intent of the section is to provide basic information on federal fiscal requirements for project operations and supportive services staff. It is not intended to provide an exhaustive review. It is imperative that fiscal staff at DMHAS and subrecipient agencies be knowledgeable regarding all requirements outlined in the documents linked above.

Cost Eligibility

To be allowable, expenses must be eligible. Costs are only eligible if they are:

- included as an eligible expense in the CoC Program Interim Rule – costs not specified in the rule as allowable are not eligible;
- associated with an eligible participant;
- delineated in the approved project budget; and
- appropriately documented.

All expenditures of CoC Program funds must be:

- reasonable (i.e., a person having sound judgment would find the expense to be fair and sensible and any procurement occurs in accordance with federal requirements);
- allowable (i.e., defined as eligible in the CoC Program Interim Rule and delineated in the approved project budget); and
- allocable (i.e., the activity is directly related to the CoC grant).

Matching funds committed in the project budget must also be expended only on eligible costs, though such costs need not be delineated in the approved project budget (see Matching section for more information).

Risks Associated with Ineligible Expenditures

In the event that CoC Program or matching funds are expended on ineligible costs, DMHAS and or subrecipients of CoC funds face certain risks, including:

- recapture of funds by HUD
- monitoring findings (see Project Evaluation and Monitoring section for more information)
- termination of project funding by HUD, DMHAS, and/or the CoC.

Budget Line Items

Each CoC PSH project has a project budget that has been approved by HUD. Those budgets include 1 or more of the following budget line items: Rental Assistance, Leasing, Operating, Supportive Services, VAWA, HMIS, and Project Administration. Projects that receive CoC Rental Assistance funds may not also receive CoC Leasing or CoC Operating funds. Staff should consult their current grant agreement to determine which budget line items are included in the HUD approved project budget. Costs for budget line items not included in the HUD approved project budget are ineligible.

The following are the eligible costs on the **rental assistance budget line item**:
Up to 100% of the rent (see Income Determination and Rent Calculation section for more information)
Up to 100% of the utility allowance for any utilities not included in the rent (see Utility Allowance section for more information)
Up to 2 months' rent for a security deposit – Connecticut State law prohibits charging tenants who are 62 years of age or older a security deposit in excess of 1 month's rent; the Housing and Homeless Services unit requires that DMHAS CoC RA projects limit the security deposit to 1 month whenever feasible, and only pay a second month when necessary to secure a unit for a participant with significant barriers to housing
Up to 1 month's rent for property damages caused by the participant – may be paid 1 time per participant and only upon exit from the unit
Administering Rental Assistance (i.e., HQS inspections, rent reasonableness determinations, issuing rent payments, and rent calculation)

See Vacancies and Retention of Assistance section for more information on eligible rental assistance costs during temporary institutional stays and following unit vacancies.

The following are the eligible costs on the **leasing budget line item**:
Up to 100% of the rent (see Income Determination and Rent Calculation section for more information)

If electricity, gas, and water are included in the rent, these utilities may be paid from leasing funds. If utilities are not provided by the landlord, these utility costs are an operating cost, except for supportive service facilities. If the structure is being used as a supportive service facility, then these utility costs are a supportive service cost.
Up to 2 months' rent for a security deposit – Connecticut State law prohibits charging tenants who are 62 years of age or older a security deposit in excess of 1 month's rent;

Leasing funds may not be used to lease units or structures owned by the recipient, subrecipient, their parent organization(s), any other related organization(s), or organizations that are members of a partnership, where the partnership owns the structure, unless HUD authorized an exception for good cause.

The following are the eligible costs on the **operating budget line item**:
Maintenance and repair of housing;
Property taxes and insurance;
Scheduled payments to a reserve for replacement of major system of the housing (provided that the payments must be based on the useful life of the system and expected replacement cost);
Building security for a structure where more than 50 percent of the units or area is paid for with grant funds;
Electricity, gas, and water;
Furniture; and
Equipment.

Grant funds may be used to pay the **eligible costs of supportive services** that address the special needs of the program participants. Supportive services must be necessary to assist program participants obtain and maintain housing. Any cost that is not described as an eligible cost below is not an eligible cost of providing supportive services using CoC program or matching funds. Staff training and the costs of obtaining professional licenses or certifications needed to provide supportive services are not eligible costs.
The following are the eligible costs on the **supportive services budget line item**:

(1) **Annual assessment of service needs**. The costs of the assessment required by § 578.53(a)(2) are eligible costs.
(2) **Assistance with moving costs**. Reasonable 1-time moving costs are eligible and include truck rental and hiring a moving company.
(3) **Case management**. The costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s) are eligible costs. Component services and activities consist of:

Counseling;
Developing, securing, and coordinating services;
Using the centralized or coordinated assessment system as required under § 578.23(c)(9).
Obtaining federal, state, and local benefits;
Monitoring and evaluating program participant progress;
Providing information and referrals to other providers;
Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and
Developing an individualized housing and service plan, including planning a path to permanent housing stability.

(4) **Child care**. The costs of establishing and operating child care, and providing child care vouchers, for children from families experiencing homelessness, including providing meals and snacks, and comprehensive and coordinated developmental activities, are eligible.
The children must be under the age of 13, unless they are disabled children.
Disabled children must be under the age of 18.
The child care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.

(5) **Education services.** The costs of improving knowledge and basic educational skills are eligible. Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED).
Component services or activities are screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies, and instructional material; counseling; and referral to community resources.

(6) **Employment assistance and job training.** The costs of establishing and operating employment assistance and job training programs are eligible, including classroom, online and/or computer instruction, on-the-job instruction, services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is also an eligible cost.
Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates.
Services that assist individuals in securing employment consist of:
Employment screening, assessment, or testing;
Structured job skills and job-seeking skills;
Special training and tutoring, including literacy training and pre-vocational training;
Books and instructional material;
Counseling or job coaching; and
Referral to community resources.

(7) **Food.** The cost of providing meals or groceries to program participants is eligible.

(8) **Housing search and counseling services**. Costs of assisting eligible program participants to locate, obtain, and retain suitable housing are eligible.
Component services or activities are tenant counseling; assisting individuals and families to understand leases; securing utilities; and making moving arrangements.
Other eligible costs are:
Mediation with property owners and landlords on behalf of eligible program participants;
Credit counseling, accessing a free personal credit report, and resolving personal credit issues; and the payment of rental application fees.

(9)**Legal services.** Eligible costs are the fees charged by licensed attorneys and by person(s) under the supervision of licensed attorneys, for advice and representation in matters that interfere with the homeless individual or family's ability to obtain and retain housing.
Eligible subject matters are child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; landlord tenant disputes; and the resolution of outstanding criminal warrants.
Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.
Fees based on the actual service performed (i.e., fee for service) are also eligible, but only if the cost would be less than the cost of hourly fees. Filing fees and other necessary court costs are also eligible. If the subrecipient is a legal services provider and performs the services itself, the eligible costs are the subrecipient's employees' salaries and other costs necessary to perform the services.
Legal services for immigration and citizenship matters and issues related to mortgages and homeownership are ineligible. Retainer fee arrangements and contingency fee arrangements are ineligible.

(10) **Life skills training.** The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are the budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.

(11) **Mental health services.** Eligible costs are the direct outpatient treatment of mental health conditions that are provided by licensed professionals. Component services are crisis interventions; counseling; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

(12) **Outpatient health services.** Eligible costs are the direct outpatient treatment of medical conditions when provided by licensed medical professionals including:

Providing an analysis or assessment of an individual's health problems and the development of a treatment plan;
Assisting individuals to understand their health needs;
Providing directly or assisting individuals to obtain and utilize appropriate medical treatment;
Preventive medical care and health maintenance services, including in-home health services and emergency medical services;
Provision of appropriate medication;
Providing follow-up services; and
Preventive and non-cosmetic dental care.

(13) **Outreach services.** The costs of activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants, are eligible.
Eligible costs include the outreach worker's transportation costs and a cell phone to be used by the individual performing the outreach.
Component activities and services consist of: initial assessment; crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; actively connecting and providing people with information and referrals to homeless and mainstream programs; and publicizing the availability of the housing and/or services provided within the geographic area covered by the Continuum of Care.

(14) **Substance abuse treatment services.** The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing are eligible. Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible.

(15) **Transportation.** Eligible costs are:
The costs of program participant's travel on public transportation or in a vehicle provided by the recipient or subrecipient to and from medical care, employment, childcare, or other services eligible under this section.
Mileage allowance for service workers to visit program participants and to carry out housing quality inspections;
The cost of purchasing or leasing a vehicle in which staff transports program participants and/or staff serves program participants;
The cost of gas, insurance, taxes, and maintenance for the vehicle;
The costs of recipient or subrecipient staff to accompany or assist program participants to utilize public transportation; and
If public transportation options are not sufficient within the area, the recipient may make a 1-time payment on behalf of a program participant needing car repairs or maintenance required to operate a personal vehicle, subject to the following:
Payments for car repairs or maintenance on behalf of the program participant may not exceed 10 percent of the Blue Book value of the vehicle (Blue Book refers to the guidebook that compiles and quotes prices for new and used automobiles and other vehicles of all makes, models, and types);
Payments for car repairs or maintenance must be paid by the recipient or subrecipient directly to the third party that repairs or maintains the car; and

The recipients or subrecipients may require program participants to share in the cost of car repairs or maintenance as a condition of receiving assistance with car repairs or maintenance.

(16) **Utility deposits.** This form of assistance consists of paying for utility deposits. Utility deposits must be a 1-time fee, paid to utility companies.

(17) **Direct provision of services.** If a service described in paragraphs (e)(1) through (e)(16) of this section is being directly delivered by the recipient or subrecipient, eligible costs for those services also include:
The costs of labor or supplies, and materials incurred by the recipient or subrecipient in directly providing supportive services to program participants; and
The salary and benefit packages of the recipient and subrecipient staff who directly deliver the services.

If the supportive services are provided in a supportive service facility not contained in a housing structure, the costs of day-to-day operation of the supportive service facility, including maintenance, repair, building security, furniture, utilities, and equipment are eligible as a supportive service.

The **VAWA budget line item** offers increased flexibility in serving victims of domestic violence, dating violence, sexual assault, and stalking. It includes tools to create high functioning emergency transfer plans and processes, dismantle barriers between participants and safe housing, and ensure CoC Program recipients meet confidentiality needs and requirements. The following are the eligible costs on the VAWA budget line item:

Examples of eligible costs for emergency transfer facilitation include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer, which includes:
Assistance with moving costs. Reasonable moving costs to move survivors for an emergency 1 The VAWA Reauthorization Act of 2022, section 605(b)(2) 2 24 CFR 578.59 Sept. 2022 Implementing VAWA 2022 Eligible Costs Under the CoC Program Implementing VAWA 2022 Eligible Costs Under the CoC Program
Assistance with travel costs. Reasonable travel costs for survivors and their families to travel for an emergency transfer.
Security deposits. Grant funds can be used to pay for security deposits of the safe units the survivor is transferring to.
Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
Housing fees. Fees associated with getting survivors into a safe unit via emergency transfer, which includes but is not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
Case management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfers.

Housing navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moving into housing for survivors through emergency transfer.

Technology to make an available unit safe. Grant funds can be used to pay for technology that the survivor believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone and internet services when necessary to support systems for the unit, etc.

Examples of eligible costs for monitoring compliance with the VAWA confidentiality requirements include the costs of ensuring compliance with VAWA confidentiality requirements, which includes:

Monitoring and evaluating compliance with VAWA confidentiality requirements.

Developing and implementing strategies for corrective actions and remedies.

Program evaluation of confidentiality policies, practices, and procedures.

Training on compliance with VAWA confidentiality policies.

Reporting to the collaborative applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.

Costs for establishing methodologies to protect survivor information.

Staff time associated with maintaining adherence to confidentiality requirements.

More information is available in HUD's Implementing VAWA Eligible Costs Under the CoC Program resource.

Project Administration

Project Administration costs must be allocated only to these eligible activities as defined in the CoC Program Interim Rule:

- General management oversight and coordination
- Salaries, wages, and related costs of recipient staff, subrecipient staff, or other staff engaged in program administration including:
  - Preparing program budgets and schedules and amendments to those budgets and schedules
  - Developing systems for assuring compliance with program requirements
  - Monitoring program activities for progress and compliance with program requirements
  - Preparing reports and other documents directly related to the program for submission to HUD
  - Coordinating the resolution of audit and monitoring findings
  - Evaluating program results against stated objectives
  - Managing or supervising persons whose primary responsibilities with regard to the program include such assignments
- Travel costs incurred for monitoring of subrecipients;
- Administrative services performed under third-party contracts or agreements, including general legal services, accounting services, and audit services; and
- Other costs for goods and services required for administration of the program, including rental or purchase of equipment, insurance, utilities, office supplies, and

rental and maintenance (but not purchase) of office space.

- Costs of providing training on CoC requirements and attending HUD-sponsored CoC trainings
- Costs of carrying out the HUD required environmental review responsibilities.

Though project administration costs are budgeted as a percentage of the total amount requested for the other CoC project budget line items, they cannot be billed that way. They must be billed as direct costs based on actual expenses incurred, and they must be supported by backup documentation for staff hours/fringe and reimbursable expenses.

Project Administration costs do not include staff time and overhead directly related to carrying out CoC Program eligible activities, because those costs are eligible on the relevant budget line item, not on the project administration line. For example, the cost of conducting Housing Quality Standards (HQS) inspections and determining rent reasonableness are eligible on the rental assistance line NOT the project administration line. The costs of office supplies and supervision for case managers are eligible on the supportive service line NOT the project administration line.

Indirect Costs

Indirect costs are those that cannot be relatively easily, and with a high degree of accuracy, directly assigned to an eligible CoC activity, such as project administration, rental assistance, or supportive services. Rather, indirect costs are incurred for common or joint purposes benefitting multiple projects and cannot be readily associated with a particular CoC project. Salaries for IT staff who maintain the agency's network, or costs associated with payroll management are examples of common indirect costs. There is no separate budget line item for indirect costs in a CoC project budget. Indirect costs are budgeted on other budget line items (e.g., supportive services).

In order to charge indirect costs to a HUD CoC grant, the grant applicant must indicate that as part of the annual application/renewal process. This must be further confirmed in the technical submission phase of the grant. Only those grantees who have indicated the intent to charge indirect costs in the application process may charge these costs to the grant.

There are also 2 types of indirect rates: Negotiated Indirect Cost Rate Agreement (NICRA) and the 15% de minimis rate. Agencies that have a NICRA must use that rate. Agencies that have never had a NICRA may elect to charge the de minimis 10% of Modified Total Direct Costs or MTDC. See HUD Guidance on 15% De Minimis Indirect Cost Rate for information on calculating MTDC. If an agency elects to charge the 15% de minimis rate, they must consistently apply this to all federal grants and contracts.

If HUD conditionally awards the grant, agencies with a NICRA will be required to submit the documentation supporting the NICRA in ESnaps during the post-award process. DMHAS and subrecipients can include both project administration and indirect costs in their project budgets; however, costs must be established by DMHAS or the subrecipient as either direct or indirect, and the same expense cannot be charged to both indirect and any direct budget line item.

Further information is available in the HUD's Indirect Cost Toolkit.

Documenting Staff Time - Personnel Activity Logs

Housing Providers and Service Providers are responsible for ensuring sufficient documentation of staff time billed to a CoC grant. Timesheets suffice to document staff time billed for employees who work in a single indirect cost activity (e.g., accounting). Timesheets, with periodic certifications, suffice for employees who work on a single federal award category (e.g., supportive services). Staff working on more than 1 project or budget line item need to document the actual time spent on each project and/or eligible activity. One way to ensure appropriate backup documentation for all staff-related direct costs, such as Project Administration, Rental Assistance, and Supportive Services is to ensure that staff working on more than 1 project or budget line item complete a personnel activity log (sample available here).

Program Income

Program income is income received by the grant recipient or a subrecipient that is directly generated by a grant-supported activity. Examples include: participant rent in project or sponsor-based rental assistance, returned security deposits, and income generated by laundry machines located in congregate projects.

Program income must be used for eligible expenses during the operating year in which it is received. Program income is an eligible source of cash match (see Matching Requirements Section for more information).

Program fees

Neither the grant recipient nor subrecipients may charge participants program fees. This includes any fee other than the participants' rent obligation calculated in accordance with HUD requirements (for more information see the Income Determination and Rent Calculation section). Examples of impermissible program fees include:

- Case management fees
- Air conditioning fees

- Lost key fees
- Legal fees
- Security deposits
- Damage fees
- Mandatory savings

This prohibition does not apply to Property Owners that are not recipients or subrecipients of CoC funds (e.g., private market landlords) and does not prevent such Property Owners from charging allowable fees in accordance with the lease and applicable local and state laws.

Matching Requirements

Matching funds are committed by the grant recipient or a subrecipient in the project application and must be expended on eligible CoC Program costs - not limited to approved budget line items. HUD requires a minimum match equal to 25 percent of the total CoC funds awarded, excluding any amount awarded on the leasing Budget Line Item. The matching requirement can be met through cash and/or in-kind resources. Match resources may be from public or private sources. In some CoC RA projects, DMHAS provides and is responsible for documenting receipt and expenditure of matching funds. In other CoC RA projects, DMHAS provides cash match to a Service Provider who also serves as the subrecipient of CoC funds and the subrecipient is responsible for documenting receipt and expenditure of matching funds. Some subrecipient agencies may also commit cash or in-kind match from other sources.

Because documentation requirements for in-kind match are significantly more onerous, projects are strongly encouraged to use cash match whenever feasible. Match is only in-kind if it is a donation of services, goods, materials, or equipment. Donations are typically from a third party. In-kind match from a third-party requires an MOU with the entity providing the match. Subrecipient agencies providing the required match using volunteer time should indicate this as in-kind match. Subrecipient agencies providing the match using paid staff time should indicate this as cash match and list the source of the funds used to pay for those staff salaries. For example, an agency that will provide assistance identifying potential project participants and helping them to document eligibility using Projects for the Assistance in Transition for Homelessness (PATH) funded outreach staff would identify this as cash match with Substance Abuse and Mental Health Services Administration (SAMHSA) PATH as the source.

Match, whether cash or in-kind, can only be used on eligible CoC Program costs, i.e., any cost that is defined as eligible in the CoC Program Interim Rule – this is not limited to approved budget line items for the particular project. For example, case management is an eligible CoC Program cost. A subrecipient may use DMHAS funds that support case management services for project

participants as cash match for a project, regardless of whether or not the project has requested CoC funds for supportive services.

Below are some examples of cash and in-kind match:

- CASH MATCH: DMHAS directly provides case management and/or housing coordination services to project participants funded through state funds.
- CASH MATCH: Subrecipient agency provides case management and/or housing coordination services funded through a DMHAS contract.
- CASH MATCH: Building utilities not covered by the CoC grant are paid by the subrecipient agency and funded through private sources.
- CASH MATCH: Mental health services are provided to participants by a subrecipient and funded through SAMSHA.
- In-Kind: Subrecipient agency Board member provides pro bono legal services.
- In-Kind: FQHC operated by a community partner provides outpatient health services to participants.
- In-kind: Food bank operated by a community organization donates food to project participants.

The grant recipient or a subrecipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that, if they had to pay for them with grant funds, the costs would have been eligible. Any such value previously used as match, may not be used again (i.e., the value cannot be claimed as match by more than 1 project or by the same project in another year).

When the match source is cash, recipients/subrecipients must provide HUD with match documentation prior to grant agreement execution. To avoid delays in grant execution, projects are strongly encouraged to submit match documentation with their project applications in ESNAPS. If match documentation is not available at application submission and HUD conditionally awards the project, submission of the documentation will be a condition for grant execution.

Written documentation of cash match must be provided on the source agency's letterhead, (e.g., if a subrecipient is using case management services funded by DMHAS as cash match, the letter must come from DMHAS and be on their letterhead), the letter be signed and dated by an authorized representative of the source agency, and, at a minimum, must include the following: amount of cash to be provided for the project, specific date the cash will be made available, the project name and fiscal year to which the cash match will be contributed, the time period during which funding will be available, and allowable activities to be funded by the cash match (e.g., case management or rental assistance for project participants). If awarded the grant

by HUD, to document cash match, agencies must show that the funds were recorded on the agency's books and expended on eligible expenses during the grant operating year.

If using in-kind match, the applicant should submit with the project application in E-snaps an MOU with the donor entity. If the MOU is not available at application submission and HUD conditionally awards the project, submission of the MOU will be a condition for grant execution. If awarded the grant by HUD, to document in-kind match of donated services the grant recipient and/or a subrecipient must keep and make available, for inspection by HUD and/or the CoC, records documenting that the service hours were actually provided. They must also keep the MOU with the donor entity on file.

Requirements for the MOU, include: establish the unconditional commitment of the services being donated, provide the name of the project and operating year to which the match is being contributed, describe the specific service to be provided (must be a CoC program eligible activity), indicate total point-in-time number of clients receiving the service and total clients receiving the service over the grant term, state profession and qualifications of the persons providing the service, state hourly cost of the service to be provided, indicate that the services are valued at rates consistent with those ordinarily paid for comparable services in that locality.

If awarded the grant by HUD, to document in-kind match of donated goods, property or equipment, the grant recipient and/or a subrecipient must keep and make available for inspection by HUD and/or the CoC: documentation that the in-kind donation was actually received, including value of the donation (must be documented on source agency letterhead, signed & dated). Must indicate that the value is consistent with the cost ordinarily paid for similar goods in the local market**.** The documentation must indicate the date on which the in-kind donation was provided, the project and operating year to which the match was contributed, and the CoC Program allowable activities provided by the donation (e.g., donation of food for meals for project participants, or donation of tenant rights and responsibilities booklets to provide tenant counseling services).

More information is available here.

Grant Terms

Grant start and end dates are defined in the grant agreement and can only be changed through a grant agreement amendment (see Significant Changes section for more information). Funds can be drawn down for 90 days following the grant end date to cover expenses incurred during the operating year. For DMHAS CoC RA projects, funds are drawn down by the DMHAS fiscal unit. Grant funds may not be used to cover expenses incurred outside of the operating year. Bulk purchases at the end of the operating year (e.g., for

participant bus tickets) are typically problematic. If the items purchased are not used during the operating year, HUD may find such an end of the year purchase ineligible.

Procurement Requirements

Grant recipients and subrecipients of CoC funds must have written procurement policies that are consistent with federal procurement requirements. Grant recipients and subrecipients must also document that any procurement follows those policies. There are 4 allowable methods for procurement: small purchase, sealed bid, request for proposals, and non-competitive. CoC PSH projects typically only use the small purchase method, which is allowable for any purchase below $350,000. This method requires:

- Obtaining 3 to 5 competitive quotes
- Selecting the most reasonable offer
- Using purchase orders or petty cash to make the purchase.

SECTION 12: LINKS TO ADDITIONAL RESOURCES

This list of resources is intended to help CoC PSH projects to maintain compliance with HUD, CoC, and DMHAS requirements. It was current at the time of publication of this Guide. An updated list of links to resources is posted periodically on the CT BOS Resources page.

CT DMHAS Required Forms

All forms that the Housing and Homeless Services Unit requires DMHAS CoC Rental Assistance projects to use are available at https://www.ctbos.org/dmhas-coc-rental-assistance-documents/. Other types of PSH projects may use these forms as a resource; however, they must be sure to make all appropriate customizations.

HUD Resources

- CoC Program Interim Rule
- ESG Program Interim Rule
- HEARTH Homeless Definition Final Rule
    - HUD Notice: Prioritizing Persons Experiencing Chronic Homelessness in PSH & Recordkeeping Requirements for Documenting Chronic Homeless Status
    - COC Program Frequently Asked Questions

- Ask a CoC or ESG Program Question
- CoC Program Toolkit
- Monitoring Resources including Exhibits
- Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards: 2 CFR part 200
- HUD Notice: Transition to 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Final Guidance
- HMIS Requirements, Data Standards & Tools
- HUD Notice: Establishing Additional Requirements for a CoC Coordinated EntrySystem
- HUD Equal Access Final Rule
- HUD Equal Access in Accordance with Gender Identity Final Rule
- The Violence Against Women Act Reauthorization Act of 2022: Overview of Applicability to HUD Programs
- HUD FMRs
- HUD Environmental Review Page
- HUD Lead Based Paint Visual Assessment Training

CT BOS Resources

The following materials and more are available on the CT BOS resources page.

- PSH Housing Coordinators Participant Chart Checklist
- General Health and Safety Checklist
- Income Determination & Rent Calculation FAQ
- Environmental Review Guidance
- CoC Homeless Verification Form & Guidance Materials
- CoC Disabling Condition Verification Forms Checklist
- Pet Resources
- Sample Letters Documenting Homelessness
- Simple Steps to Create Accessible Informational Materials
- Sample Personnel Activity Log

The following materials and more are available on the CT BOS policies page.

- Participant Rights Notice
  - Includes Participant Rights, Emergency Transfer and Grievance Notice
- Sample Educational Rights Policy

- Sample Written Intake Procedures
- Notices: Participant Sign-off Form

Information about upcoming and past trainings on these topics and more, including slide decks and recordings are available on the CT BOS training page:

- Overview of the DMHAS CoC Rental Assistance Operations Guide
- Monitoring and Participant Chart Requirements
- HUD and CT BOS CoC Policies and Requirements for CoC Projects
- DedicatedPLUS
-
- Coordinating Property Management and Services in Permanent Supportive Housing
- Case Management Resources

ODFC Resources

- Policies are available on the ODFC Working Documents Page
- Information about upcoming and past trainings, including slide decks and recordings are available on the ODFC Training Page.

Other Resources

- Center for Advancement of Critical Time Intervention
- Rights and Responsibilities of Landlords and Tenants in CT
- CT Department of Children and Families: Reporting Child Abuse and Neglect
- State of CT Department of Banking – Booklet on Rental Security Deposits
- My Dog is My Home

SECTION 13: APPENDIX

DMHAS CoC Fiscal Procedures Guide (Applies to DMHAS CoC RA Projects Only)

The DMHAS CoC Fiscal Procedures Guide is used by DMHAS fiscal staff. The Guide outlines the steps taken by fiscal staff when managing CoC grants, tracking expenditures throughout the grant term, and drawing down funds from HUD using the online LOCCS system.

Pages 1 – 3 of the Guide outline the steps taken by DMHAS fiscal staff and the timeliness expectations associated with each step, while the subsequent pages provide instructions for completing each step, including screen shots and images to help fiscal staff navigate the various systems used.

Continuum of Care Procedures

	STATUS	Why are we doing each of these tasks	When-timing of the tasks
I. SET UP GRANT			
A. Look up new award at HUD.gov https://www.hud.gov/press/press_releases_media_advisories		To get set up to load to OPM	Done between the end of December and March
1. Go to Press release section and find the funding news release			
2. Save the report to the continuum of care directory			
3. Write in the start date and project number for each award.			
B. Add grant to Budget Software		To establish a receivable in core	Done between February and March
1. Get the total from the Award report saved in I-A.			
2. Set up a new Notice of Intent for the fiscal year			
3. Enter Grant award report			
4. Enter SID into software			
5. Print NOI to keep a log of allotments			
6. Enter in allotment request for grants			done between march and October
a. This can be broken down to current awards first and next awards later.			
7. Post Allotment to KK_AGY1			
C. Set up Receivable Log for each grant		to establish a receivable log for Auditors	done between March and August
1. Set up tab for receivable			
2. Set up line on Summary page			
D. Set up Reconciliation Page for each grant		To be able to track the grant	done between March and August
1. Copy a blank reconciliation page into the workbook			
2. Breakout grant to proper line items			
3. Set up links to Receivable Log, payment register and MOD_CASH report			
4. Set up line on Summary page			
E. Set up Grant File for each grant		to be able to have a record for auditors	done between March and August
1. Label file			
2. File copy of grant award in colored folder			
II. MONTHLY			
A. Notify FSB of change in grants for the next month's rent		Aid FSB with when to switch to a new grant year	First week of the month
1. copy old grant information for TRA only (PRA and SRA are updated on the contract)			
2. Set up new grant information			
3. email mapping to FSB			
B. Load Receivable Log		track grant per SAM instructions for auditors	First week of the month
1. Run Receivable reports in CORE-EPM			

	STATUS	Why are we doing each of these tasks	When-timing of the tasks
2. Subtotal report by SID-PROJECT-BUDGET REF-PERIOD			
3. Enter report information into receivable log			
C. Run MOD_CASH report in CORE-EPM		to load receipts into reconciliation page	First week of the month
1. Load lines into AR_CASH_RECEIPTS_HUD workbook			
2. This will pull into the reconciliation workbook			
D. Run HUD Admin charges in CORE-TRIAL BALANCE		to load admin into reconciliation page	First week of the month
1 Load lines into first tab of the HUD_PAYMENTS workbook			
2. This will pull into the reconciliation workbook			
E. Run Monthly Register in CORE-EPM		to load registers	First week of the month
1. Save in the Register folder			
2. Set up tabs for Local Offices			
3. Copy grant payments into HUD_PAYMENT workbook.			
4. Copy grant payments into local office tabs			
F. Check Reconciliation tabs in HUD-RECONCILIATION workbook		to reconcile grants in the reconcilation workbook	second week of the month
1. HAP and Admin should load automatically. This should reconcile back to the receivable log			
2. Cash receipts should load automatically. This should receoncile back to the receivable log			
3. PRINT all balancing reconciliations to prepare for drawdown			
G. Set up receivables for DRAWDOWN		to adhere to the single audit act that draws are timely	second week of the month
1. Run Monthly expenditures in CORE-EPM. This report pulls from the trial balance			
2. Add/subtract adjustments to grants found on reconciliation pages			
3. Double-check receivable from report against reconciliation page			
4. PRINT monthly expenditure report			
5. Enter Receivable into CORE-BILLING			
6. Add/subtract adjustments on Receivable log summary page			
H. DRAW DOWN receivable from HUD		to adhere to the single audit act that draws are timely	second week of the month
1. sort balancing reconciliation pages by grant number (ct xxxx L1E etc)			
2. Log into HUD-LOCCS			
3. Use reconciliation page to draw funds			
4. Separate field review draws from accepted draws			
5. email HUD with backup for field reviews.			
I. Receive CASH RECEIPTS		to adhere to the single audit act that draws are timely	third week of the month
1. Write deposit numbers from CORE PICK LIST on reconciliation pages			

	STATUS	Why are we doing each of these tasks	When-timing of the tasks
2. Apply deposits to receivable in CORE			
3. PRINT Deposit accounting entries			
4. Attach printed deposit to reconciliation page			
5. LOG receipts on Receivable log summary page			
6. File Deposits in drawer by business office for cash deposits.			
J. Build 8% admin generation workbook.		To spend 8% admin on grants timely	third week of the month
1. Open workbook for the current month			
2. It will automatically link to the HUD_PAYMENTS register pulling total admin due per grant			
3. Save the workbook and make a copy of it for the next month.			
a. Don't forget to close the next month's workbook and re-open the current month's workbook			
4. Load payroll into the payroll tab.			
5. Check each facility tab for payroll errors			
6. Check each vendor tab for errors			
7. Send workbook to Alice for approval and signature			
8. Upon approval, print vendor tabs and send to FSB			
9. Load facilities tabs into Spreadsheet journal upload tool for CORE			
10 Upload spreadsheet journals to CORE and process			
11 Upon notification of posted spreadsheet journals, notify facilities of reimbursment to their accounts			
K. Process corrections (Journal Vouchers) in CORE		to allocate expenditures to the correct grant.	third week of the month
1. Open HUD_PAYMENTS and HUD Reconciliation			
2. Open 2 windows in CORE CT			
3. For each voucher that is marked X for ADJ needed do a journal voucher			
4. IF a voucher affects a human service contract let Chris Bushey know you did a correction			
5. mark adjustment as done in the HUD Reconciliation page for that grant.			
III. END OF GRANT		support final APR sent by Housing program	within 90 days of close of grant
A. Send copy of final reconciliation to Lisa for APR			
1. Double check with LOCCS on the budget tab total award and draws			
2. Print LOCCS Budget page and grant page for grant file			
B. Double check receivable log for a zero receivable			
1. Print receivable logs for grant file			
C. Print final reconcilation page for grant file			

A. Look up new award at HUD.gov https://www.hud.gov/press/press_releases_media_advisories

1. Go to Press release section and find the funding news release
   It should be sometime between the end of December through March
   a. look for a release dealing with HOMELESS Assistance Programs

January

Thursday, January 25, 2018
HUD and Census Bureau Report New Residential Sales in December 2017

Thursday, January 25, 2018
HUD Announces Wholesale Review of Manufactured Housing Rules

Monday, January 22, 2018
HUD Awards $38 Million to Fight Housing Discrimination

Friday, January 19, 2018
HUD Reaches Fair Housing Agreement with California Housing Authority, Settling Disability Discrimination Complaint

Thursday, January 18, 2018
HUD and Census Bureau Report Residential Construction Activity in December 2017

Wednesday, January 17, 2018
HUD Offers $25 Million to Clean Up Dangerous Lead in Public Housing

Friday, January 12, 2018
Carson Delivers Oath of Office to Four New HUD Leaders

Thursday, January 11, 2018
HUD Awards Record $2 Billion to Thousands of Local Homeless Assistance Programs Across U.S.

   b. Look for the hyperlink that lists the funding and click it. This will bring you to a list of states that were awarded funding
   c. Select Connecticut. This will bring you outside the website to an award report that is fine.

2. Save the report to the continuum of care directory
   a. Save the report to T:\Accounting-Budget\Housing Program\Continuum of Care(shelter Plus Care)\Federal-HUD\FY NNNN awards
   b. Open the report in ADOBE PRO. You need to be able to add text to the document.
   c. Locate the grants that belong to DMHAS
   The state grants start with ctNNNN

Project Name	Program	Awarded Amount
Connecticut		
CT-503 - Bridgeport, Stamford, Norwalk/Fairfield County CoC		
129 South Main St.	CoCR	$50,418
Alpha Home, Inc. (Jessica Tandy Apartments)	CoCR	$122,496
Beacon III FY18-19	CoCR	$110,314
Berkeley House FY18-19	CoCR	$94,031
Cherry Homes PSH 1	CoCR	$125,088
CoC Planning Project FY 2017	CoC	$296,865
Conger House Renewal 2017	CoCR	$185,152
CT0033 Bridgeport Fairfield Apartments	CoCR	$164,436
CT0034 Bridgeport Crescent Apartments	CoCR	$179,731

   **there will be grants in two sections the CT 503 section and the CT505 section.

3. Write in the start date and project number for each award on the award report You extrapilate the start date as the day after the end date of the previous year's award found on the reconciliation page in HUD Reconciliation.xlsx
   a. edit the file in Adobe Pro and enter the start date and project number between the project name and the award amount.

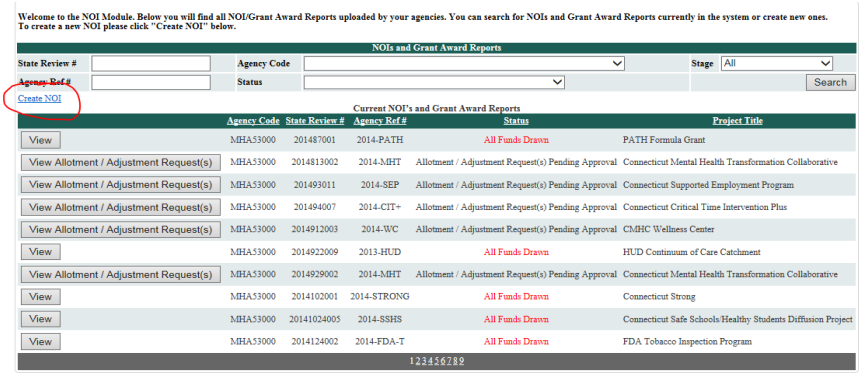
CT-503 - Bridgeport, Stamford, Norwalk/Fairfield County CoC				
129 South Main St.		CoCR		$50,418
Alpha Home, Inc. (Jessica Tandy Apartments)		CoCR		$122,496
Beacon III FY18-19		CoCR		$110,314
Berkeley House FY18-19		CoCR		$94,031
Cherry Homes PSH 1		CoCR		$125,088
CoC Planning Project FY 2017		CoC		$296,865
Conger House Renewal 2017		CoCR		$185,152
CT0033 Bridgeport Fairfield Apartments	10/2018	CoCR	21871	$164,436
CT0034 Bridgeport Crescent Apartments	9/2018	CoCR	22258	$179,731

   b. Print award report and save it. You will need this report for the budget software.
   c. Total all the DMHAS awards
   ** double check the total by running it twice.
   save the total for entering into the budget software in I-B

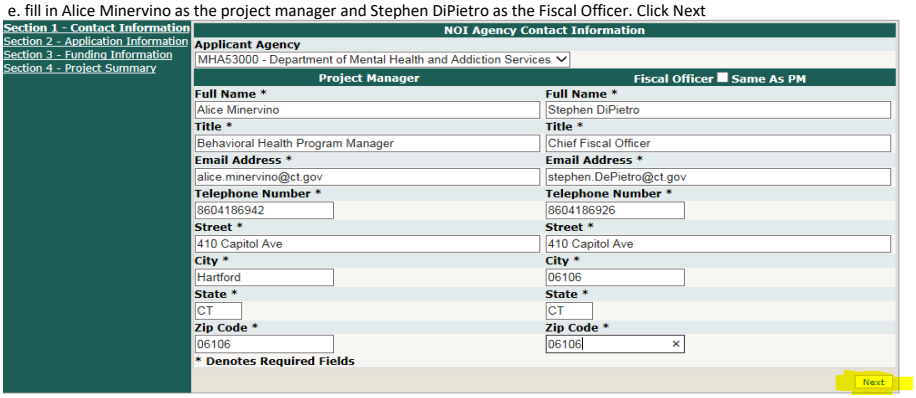
B. Add grant to Budget Software

1. Get the total from the Award report saved in I-A.
   a. write down the total from the calculator tape that you ran in I-A.
2. Set up a new Notice of Intent for the fiscal year
   a. Go to the OPM ABS software location http://www.appsvcs.opm.ct.gov/budget/
   b. Login
   c. Click the budget button in the upper left corner of the page to get a drop down menu
   **click on grants-menu to enter the system

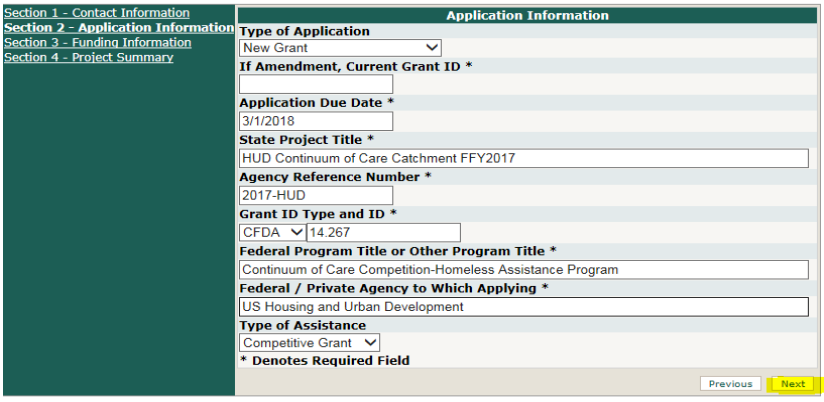
d. click create NOI to start a new notice of intent.



e. fill in Alice Minervino as the project manager and Stephen DiPietro as the Fiscal Officer. Click Next

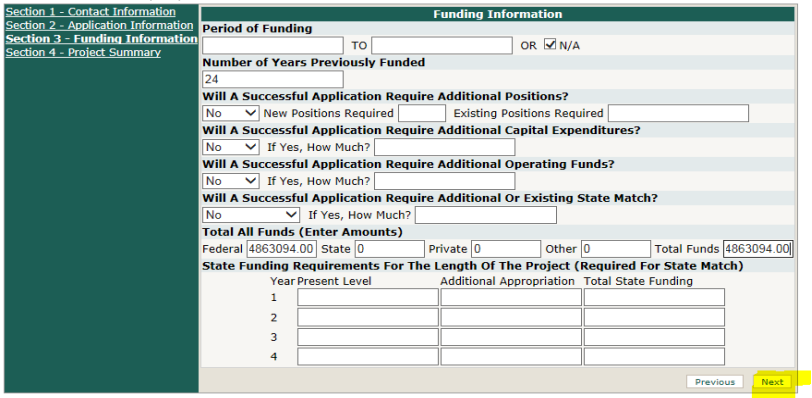


f. Fill in application information and click next
Type of application = select new grant. Each year is its own grant
Application Due Date = March 1 of the current year.
State project title = HUD Continuum of Care Catchment FFY [list the current fiscal year found on the top of the Homeless Assistance Award report from I-A
Agency reference number = [Federal fiscal year] - HUD — This follows the system set up by accounting to reference grants
Grant type = CFDA — grant ID = 14.267 — We need this filled in, yet we don't have an application date per se.
Federal Program title = Continuum of Care Competition - Homeless Assistance program
Federal agency = US Housing and Urban Development
type of assistance = competitive — taken from the federal program title

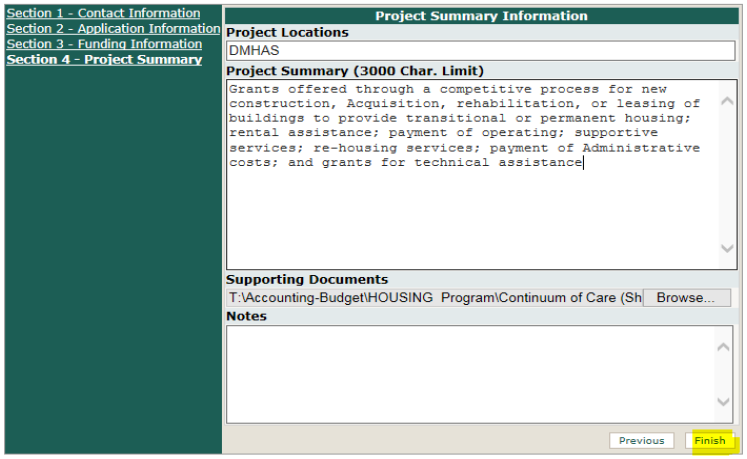


g. Fill in funding information and click next
** click N/A for the period of funding

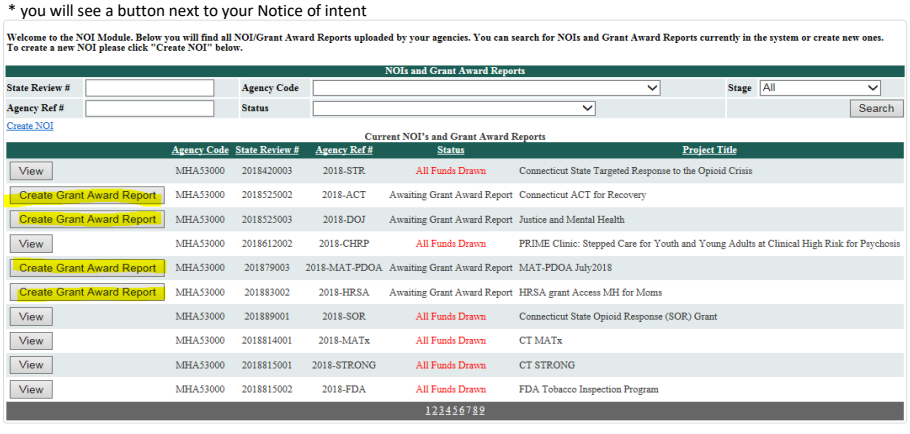
** Number of years = from 1993 to the federal fiscal year of the award.
** enter in the total you calculated in I-A as the federal funds.
** enter zero for state, private and other
** enter in the total you put for federal as total funds



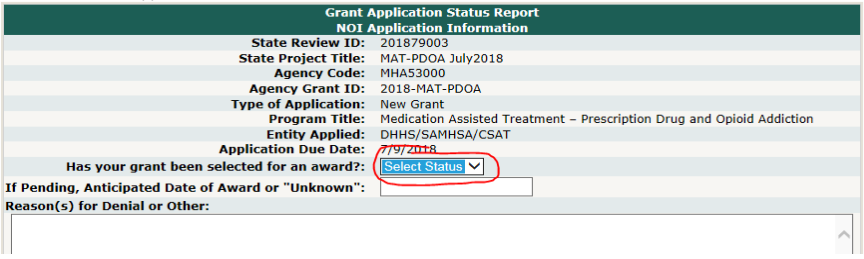
h. Fill in project summary and click finish
** Project location is DMHAS
** project summary is a blurb about the program
*** you must have supporting documentation. This would be the Grant award report you saved in I-A.
click browse and upload it.



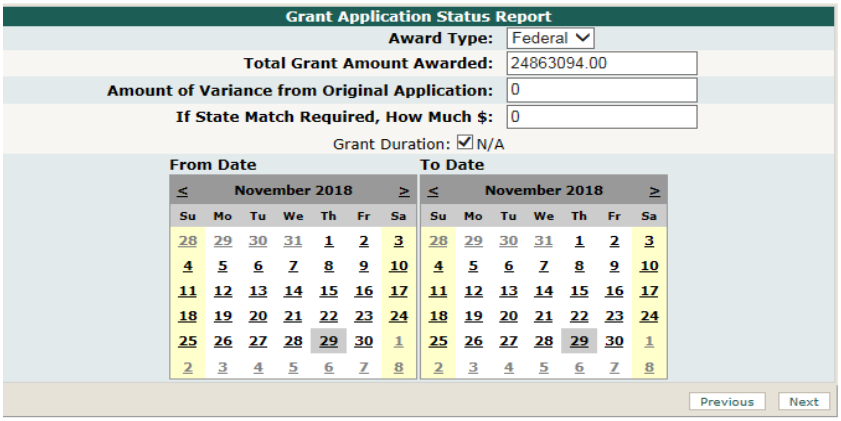
3. Enter Grant award report
a. Once OPM approves the notice of intent they will ask for an grant award report of their own.
* you will see a button next to your Notice of intent



b. Select status as approved and click next



c. Select Award type as Federal and enter the total of the awards from I-A. Click Next



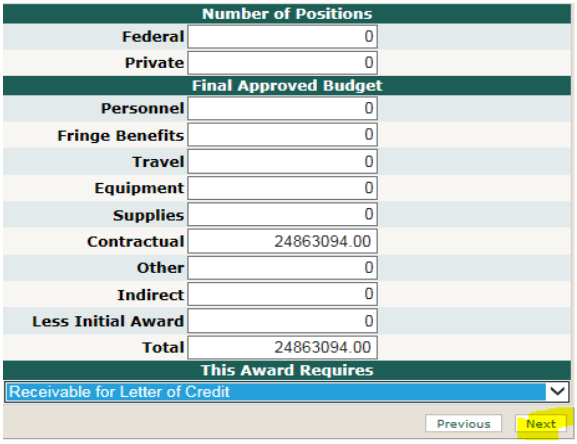
d. Enter in the approved budget. Click Next

* Enter total award as contractual.

** enter in That this reward requires Receivable letter of credit

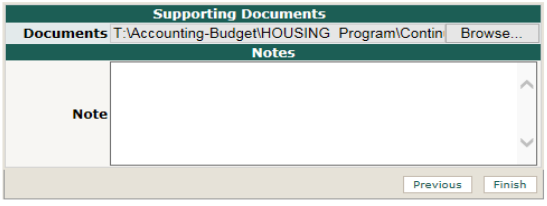
*** enter in total award in the total box as well

The total award must match the amount you entered in 2g above as well as the total you calculated in I-A

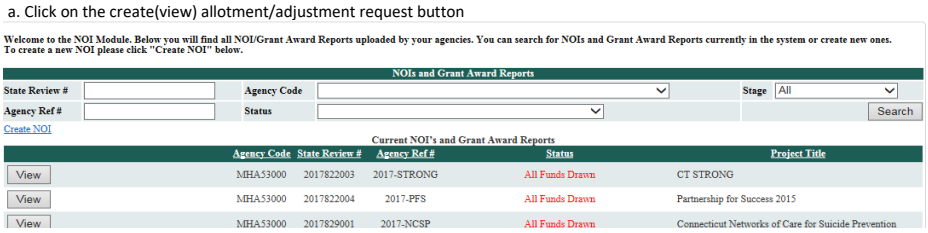


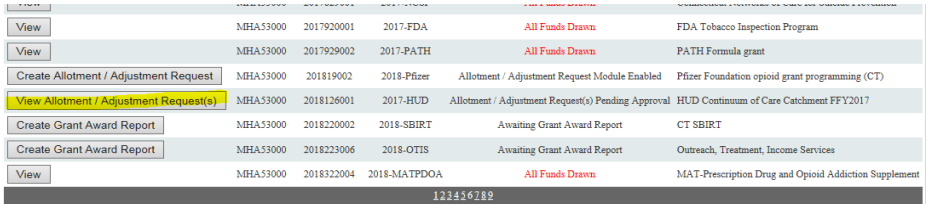
e. Enter in supporting documents and click finish.

** You would load the award report from I-A here as well.



4. Enter SID into Software. OPM will approve the grant award report and ask you to set up a SID
   Enter the chartfield maintenance form found in T:\BUDGET\CoreCT Chart of Accounts Database\Chartfield Maintenance\2013-2017
   look for the file [SID Chartfield Maintenance Form-22656] and insert it into the software.
   we are not setting up a new SID but using an existing SID as the maintenance form states.
5. view NOI application and print
   a. Click on the create(view) allotment/adjustment request button

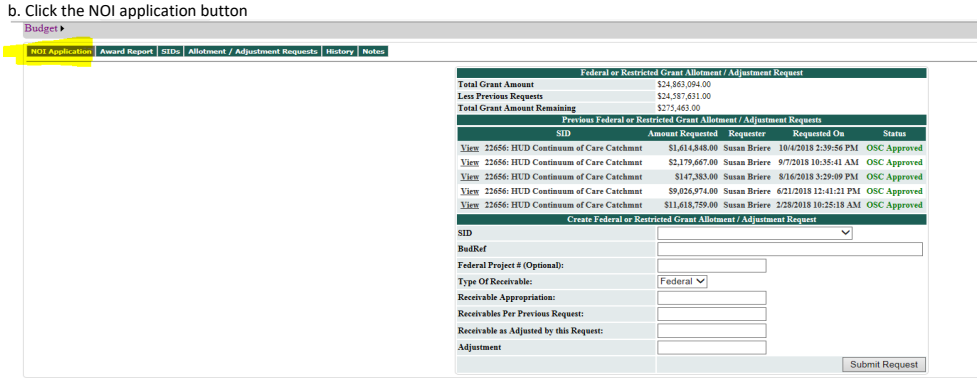




View	MHA53000	2017920001	2017-FDA	All Funds Drawn	FDA Tobacco Inspection Program
View	MHA53000	2017929002	2017-PATH	All Funds Drawn	PATH Formula grant
Create Allotment / Adjustment Request	MHA53000	201819002	2018-Pfizer	Allotment / Adjustment Request Module Enabled	Pfizer Foundation opioid grant programming (CT)
View Allotment / Adjustment Request(s)	MHA53000	2018126001	2017-HUD	Allotment / Adjustment Request(s) Pending Approval	HUD Continuum of Care Catchment FFY2017
Create Grant Award Report	MHA53000	2018220002	2018-SBIRT	Awaiting Grant Award Report	CT SBIRT
Create Grant Award Report	MHA53000	2018223006	2018-OTIS	Awaiting Grant Award Report	Outreach, Treatment, Income Services
View	MHA53000	2018322004	2018-MATPDOA	All Funds Drawn	MAT-Prescription Drug and Opioid Addiction Supplement

1 2 3 4 5 6 7 8 9

b. Click the NOI application button



Budget ▸

NOI Application | Award Report | SIDs | Allotment / Adjustment Requests | History | Notes

Federal or Restricted Grant Allotment / Adjustment Request	
Total Grant Amount	$24,863,094.00
Less Previous Requests	$24,587,631.00
Total Grant Amount Remaining	$275,463.00

Previous Federal or Restricted Grant Allotment / Adjustment Requests

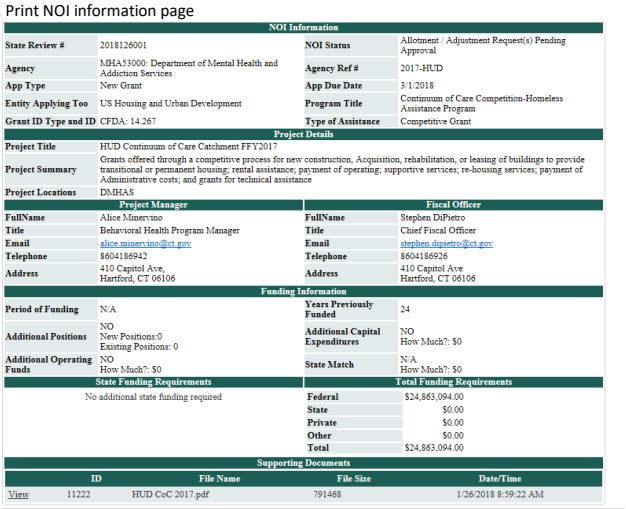
SID	Amount Requested	Requester	Requested On	Status
View 22656: HUD Continuum of Care Catchmnt	$1,614,848.00	Susan Briere	10/4/2018 2:39:56 PM	OSC Approved
View 22656: HUD Continuum of Care Catchmnt	$2,179,667.00	Susan Briere	9/7/2018 10:35:41 AM	OSC Approved
View 22656: HUD Continuum of Care Catchmnt	$147,383.00	Susan Briere	8/16/2018 3:29:09 PM	OSC Approved
View 22656: HUD Continuum of Care Catchmnt	$9,026,974.00	Susan Briere	6/21/2018 12:41:21 PM	OSC Approved
View 22656: HUD Continuum of Care Catchmnt	$11,618,759.00	Susan Briere	2/28/2018 10:25:18 AM	OSC Approved

Create Federal or Restricted Grant Allotment / Adjustment Request

SID	
BudRef	
Federal Project # (Optional):	
Type Of Receivable:	Federal
Receivable Appropriation:	
Receivables Per Previous Request:	
Receivable as Adjusted by this Request:	
Adjustment	

Submit Request

c. Print NOI information page



NOI Information

State Review #	2018126001	NOI Status	Allotment / Adjustment Request(s) Pending Approval
Agency	MHA53000: Department of Mental Health and Addiction Services	Agency Ref #	2017-HUD
App Type	New Grant	App Due Date	3/1/2018
Entity Applying Too	US Housing and Urban Development	Program Title	Continuum of Care Competition-Homeless Assistance Program
Grant ID Type and ID	CFDA: 14.267	Type of Assistance	Competitive Grant

Project Details

Project Title	HUD Continuum of Care Catchment FFY2017
Project Summary	Grants offered through a competitive process for new construction, Acquisition, rehabilitation, or leasing of buildings to provide transitional or permanent housing; rental assistance; payment of operating; supportive services; re-housing services; payment of Administrative costs; and grants for technical assistance
Project Locations	DMHAS

Project Manager		Fiscal Officer	
FullName	Alice Minervino	FullName	Stephen DiPietro
Title	Behavioral Health Program Manager	Title	Chief Fiscal Officer
Email	alice.minervino@ct.gov	Email	stephen.dipietro@ct.gov
Telephone	8604186942	Telephone	8604186926
Address	410 Capitol Ave, Hartford, CT 06106	Address	410 Capitol Ave Hartford, CT 06106

Funding Information

Period of Funding	N/A	Years Previously Funded	24
Additional Positions	NO New Positions:0 Existing Positions: 0	Additional Capital Expenditures	NO How Much?: $0
Additional Operating Funds	NO How Much?: $0	State Match	N/A How Much?: $0

State Funding Requirements	Total Funding Requirements	
No additional state funding required	Federal	$24,863,094.00
	State	$0.00
	Private	$0.00
	Other	$0.00
	Total	$24,863,094.00

Supporting Documents

ID		File Name	File Size	Date/Time
View	11222	HUD CoC 2017.pdf	791468	1/26/2018 8:59:22 AM

d. Attach page to front of grant award report printed from I-A.

* write allotment request from I-B-6 below on the bottom of the page

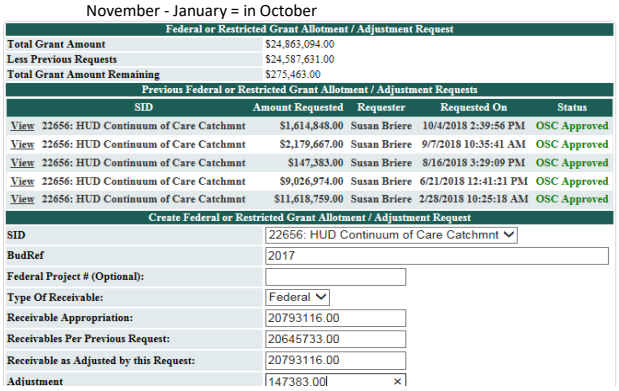
PERIOD	AMOUNT	TOTAL RECEIVABLE TO DATE
Apr-Jun	11,618,759.00	11,618,759.00
July	9,026,974.00	20,645,733.00
ETC.		

6. Enter Allotment request into the Budget software and click submit request. Once the SID is accepted the system will allow you to enter an allotment

** you can enter one or more then one allotments as long as they don't total more then the award.

*** for Continuum of Care, do multiple allotments.

April - June start dates = as soon as allotment request appears
July = in June
August-September = in July
October = in September
November - January = in October



Federal or Restricted Grant Allotment / Adjustment Request	
Total Grant Amount	$24,863,094.00
Less Previous Requests	$24,587,631.00
Total Grant Amount Remaining	$275,463.00

Previous Federal or Restricted Grant Allotment / Adjustment Requests

SID	Amount Requested	Requester	Requested On	Status
View 22656: HUD Continuum of Care Catchmnt	$1,614,848.00	Susan Briere	10/4/2018 2:39:56 PM	OSC Approved
View 22656: HUD Continuum of Care Catchmnt	$2,179,667.00	Susan Briere	9/7/2018 10:35:41 AM	OSC Approved
View 22656: HUD Continuum of Care Catchmnt	$147,383.00	Susan Briere	8/16/2018 3:29:09 PM	OSC Approved
View 22656: HUD Continuum of Care Catchmnt	$9,026,974.00	Susan Briere	6/21/2018 12:41:21 PM	OSC Approved
View 22656: HUD Continuum of Care Catchmnt	$11,618,759.00	Susan Briere	2/28/2018 10:25:18 AM	OSC Approved

Create Federal or Restricted Grant Allotment / Adjustment Request

SID	22656: HUD Continuum of Care Catchmnt
BudRef	2017
Federal Project # (Optional):	
Type Of Receivable:	Federal
Receivable Appropriation:	20793116.00
Receivables Per Previous Request:	20645733.00
Receivable as Adjusted by this Request:	20793116.00
Adjustment	147383.00

Receivable appopriation=total allotments to date
including current allotment
receivable per Prev. request=Total receivable to date
not including current allotment
receivable as adjusted=Total allotments to date

including current allotment adjustment = current allotment

7. Post allotment to KK_AGY1
*OPM will approve allotment request, send it to Comptrollers to post to KK_ALLOT. Then you will see it as approved in the ABS software
Click view and print

HUD Continuum of Care Catchment FFY2017

Department of Mental Health and Addiction Services
MHA53000

Project Manager	Financial Manager
Alice Minervino - alice.minervino@ct.gov Behavioral Health Program Manager 8604186942	Stephen DiPietro - stephen.dipietro@ct.gov Chief Fiscal Officer 8604186926

Chartfield Information

Budget Reference	Fund Code	Department Code	SID	SID Title
2017	12060	MHA53000	22656	HUD Continuum of Care Catchmnt

Summary Of Award			
CFDA Number	CFDA 14.267		
Total Award Amount	$24,863,094.00		
Amount Of Variance	$0.00		
Grant Duration	N/A		
Final Approved Budget		**Number of Positions**	
Personnel	$0.00	**Federal**	0
Fringe Benefits	$0.00	**Private**	0
Travel	$0.00		
Equipment	$0.00		
Supplies	$0.00		
Contractual	$24,863,094.00		
Other	$0.00		
Indirect	$0.00		
Total	$24,863,094.00		
Award Requirement	None		

Request to Establish or Adjust Receivables and Control Accounts

Type of Receivable	Federal	Federal Project No.
Receivable Appropriation	$20,793,116.00	
Reconciliation of Receivable (If Applicable):		
Receivables Per Previous Request	$20,645,733.00	
Receivable Adjusted by this request	$20,793,116.00	
Adjustment	$147,383.00	

Submitted By	OPM Analyst	OPM Section Chief
Susan Briere - 8/16/2018	Magda Lekarczyk - 8/16/2018	Judy Dowd - 8/16/2018

OSC USE ONLY

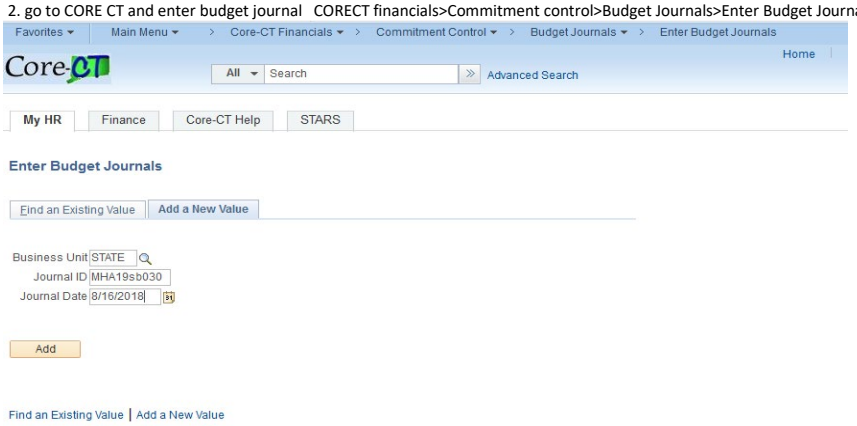
Anne Akerele	1740559	8/17/2018
OSC Approval	**Budget Journal #**	**Date**

** Anne will list Comptroller's budget journal number and date for the post to KK_ALLOT

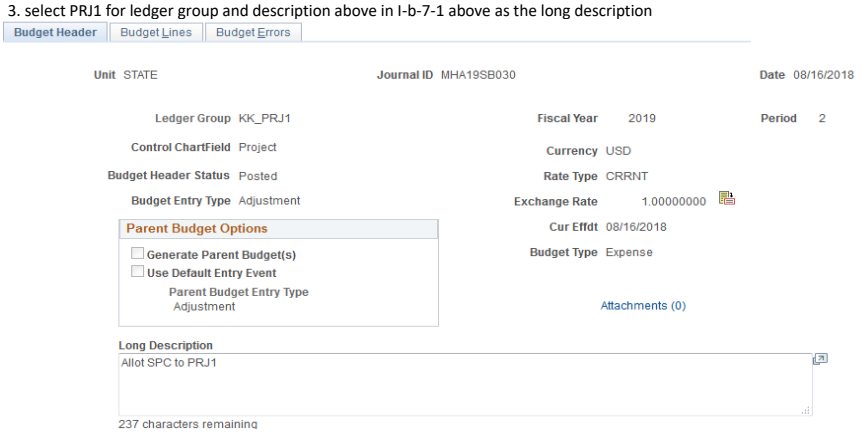
1. sign out a budget journal ID number in T:\Accounting-Budget\Log\2019\budget journal ID 2019.xls

Journal ID Number	Date	Preparer [nn]	* FISCAL YEAR - 2019 * Reason for Document
MHA19nnXXX			
30	8/16/2018	SB	Allot SPC to PRJ1

2. go to CORE CT and enter budget journal CORECT financials>Commitment control>Budget Journals>Enter Budget Journal



3. select PRJ1 for ledger group and description above in I-b-7-1 above as the long description

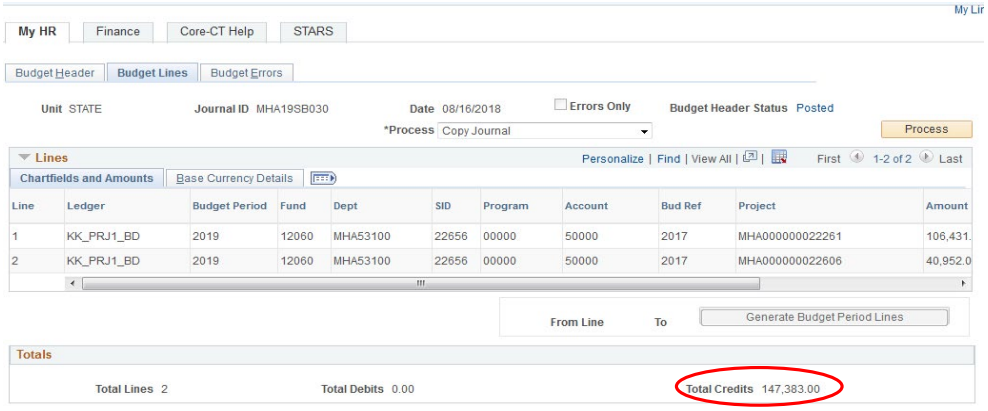


4. select BUDGET LINE TAB and enter account code string for grants totaling the allotment request
FUND=12060
DEPT=MHA53100
SID=22646 These are the same across all grants
Program=00000
Account=50000
Budget Ref= match the budget ref used on the ABS software in I-B-6
Project = use the project listed on the grant report from I-A-3
Amount = amount of grant award

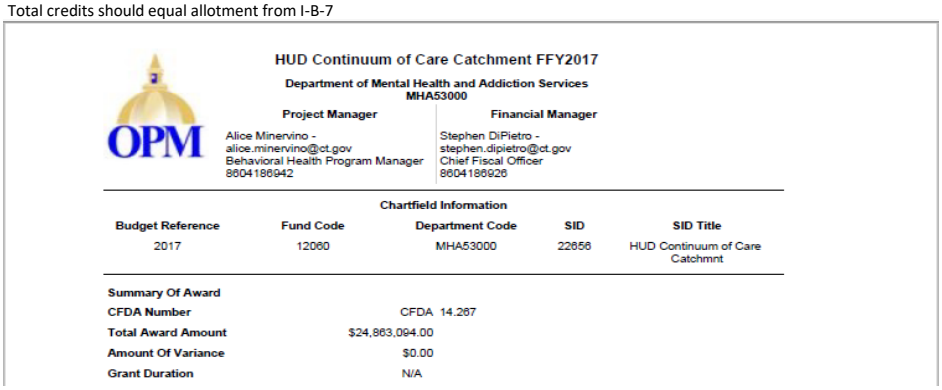
CT-503 - Bridgeport, Stamford, Norwalk/Fairfield County CoC

129 South Main St.		CoCR	$50,418
Alpha Home, Inc. (Jessica Tandy Apartments)		CoCR	$122,496
Beacon III FY18-19		CoCR	$110,314
Berkeley House FY18-19		CoCR	$94,031
Cherry Homes PSH 1		CoCR	$125,088
CoC Planning Project FY 2017		CoC	$296,865
Conger House Renewal 2017		CoCR	$185,152
CT0033 Bridgeport Fairfield Apartments	10/2018	CoCR	21871 $164,436
CT0034 Bridgeport Crescent Apartments	9/2018	CoCRx	22258 $179,731

* it should look like this.



Total credits should equal allotment from I-B-7



Final Approved Budget		Number of Positions	
Personnel	$0.00	Federal	0
Fringe Benefits	$0.00	Private	0
Travel	$0.00		
Equipment	$0.00		
Supplies	$0.00		
Contractual	$24,863,094.00		
Other	$0.00		
Indirect	$0.00		
Total	$24,863,094.00		
Award Requirement	None		

Request to Establish or Adjust Receivables and Control Accounts

Type of Receivable	Federal	Federal Project No.
Receivable Appropriation	$20,793,116.00	
Reconciliation of Receivable (If Applicable):		
Receivables Per Previous Request	$20,645,733.00	
Receivable Adjusted by this request	$20,793,116.00	
Adjustment	$147,383.00	

Submitted By	OPM Analyst	OPM Section Chief
Susan Briere - 8/16/2018	Magda Lekarczyk - 8/16/2018	Judy Dowd - 8/16/2018

OSC USE ONLY

Anne Akerele	1740559	8/17/2018
OSC Approval	Budget Journal #	Date

This is the number you entered in #6 above

C. Set up Receivable Log for each grant

1. Set up tab for receivable

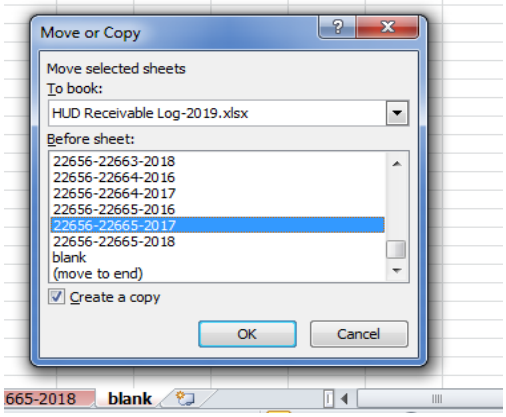
a. Open HUD Receivable Log file in Excel

T:\Accounting-Budget\HOUSING Program\Continuum of Care (Shelter Plus Care)\Federal-HUD\FY2019

b. Go to end of tabs and select the blank tab.

1. right click and select move/copy

2. click create a copy and place the cursor before location the new grant belongs. Click ok.

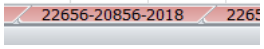


** the dates will be automatically updated for the spreadsheet.

** there is no need to adjust the header as that is generic. Same with footer.

c. Double click on tab title and enter new name.

* format is 22656-project number-budget reference



2. Set up line on Summary page

a. go to front of workbook and click Trial Balance-22656

b. go to the line after where the new grant would sit and insert a blank line.

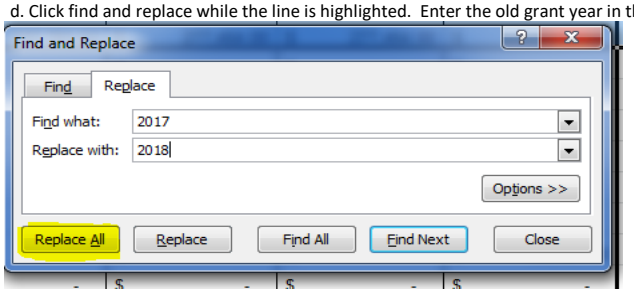
	A	B	C	D	E	F	G	H	I	J	K	L	M
1	AS OF:	**10/31/2018**											
2	MHA53000			Current Year	Current Year	Current Year	Current Year	Grant Award	Current	FED 76196		Deposit	Deposit
3	SID	PRJ1	Bgt Ref	Expenditures	Revenue	Receipts	Grant Award	Balance	Receivable	Adjustment	Billing	ID	Date
4	22656	20752	2015	$ -	$ -	$ -	$ -	$ 20,582.20	$ -		$ -		
5	22656	20752	2016	$ 58,778.04	$ 86,155.52	$ 86,155.52	$ -	$ 54,071.12	$ 16,029.96		$ 16,029.96		
6	22656	20752	2017	$ -	$ -	$ -	$ 197,843.00	$ 197,843.00	$ -		$ -		
7	22656	20856	2015	$ -	$ -	$ -	$ -	$ 61,114.68	$ -		$ -		
8	22656	20856	2016	$ -	$ 32,381.00	$ 32,381.00	$ -	$ 24,484.75	$ -		$ -		
9	22656	20856	2017	$ 197,781.52	$ 277,464.00	$ 277,464.00	$ -	$ 263,337.00	$ 38,208.72		$ 38,208.72		
10													
11	22656	20901	2015	$ -	$ -	$ -	$ -	$ 1,624.00	$ -		$ -		
12	22656	20901	2016	$ 73,364.00	$ 91,705.00	$ 91,705.00	$ -	$ 9.00	$ -		$ -		
13	22656	20901	2017	$ 36,682.00	$ -	$ -	$ -	$ 220,101.00	$ 36,682.00		$ 36,682.00		

c. copy down line above into the blank line. Keep the line highlighted

*usually you are adding in the next award that is a renewal of an older reward. So the project number remains the same and the budget reference is the only thing changes.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	AS OF:	**10/31/2018**											
2	MHA53000			Current Year	Current Year	Current Year	Current Year	Grant Award	Current	FED 76196		Deposit	Deposit
3	SID	PRJ1	Bgt Ref	Expenditures	Revenue	Receipts	Grant Award	Balance	Receivable	Adjustment	Billing	ID	Date
4	22656	20752	2015	$ -	$ -	$ -	$ -	$ 20,582.20	$ -		$ -		
5	22656	20752	2016	$ 58,778.04	$ 86,155.52	$ 86,155.52	$ -	$ 54,071.12	$ 16,029.96		$ 16,029.96		
6	22656	20752	2017	$ -	$ -	$ -	$ 197,843.00	$ 197,843.00	$ -		$ -		
7	22656	20856	2015	$ -	$ -	$ -	$ -	$ 61,114.68	$ -		$ -		
8	22656	20856	2016	$ -	$ 32,381.00	$ 32,381.00	$ -	$ 24,484.75	$ -		$ -		
9	22656	20856	2017	$ 197,781.52	$ 277,464.00	$ 277,464.00	$ -	$ 263,337.00	$ 38,208.72		$ 38,208.72		
10	22656	20856	2017	$ 197,781.52	$ 277,464.00	$ 277,464.00	$ -	$ 263,337.00	$ 38,208.72		$ 38,208.72		
11	22656	20901	2015	$ -	$ -	$ -	$ -	$ 1,624.00	$ -		$ -		

d. Click find and replace while the line is highlighted. Enter the old grant year in the find and the new grant year in the replace. Click replace all



D. Set up Reconciliation Page for each grant

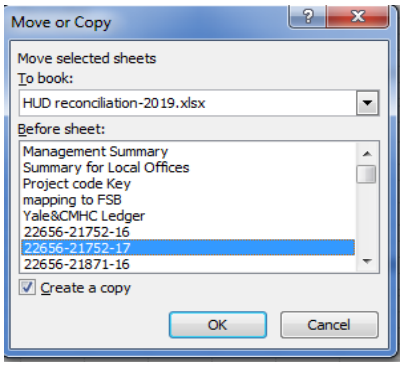
1. Copy a blank reconciliation page into the workbook

a. Open up HUD Reconciliation 2019.xls workbook

T:\Accounting-Budget\HOUSING Program\Continuum of Care (Shelter Plus Care)\Federal-HUD\FY2019

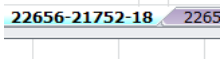
b. Go to end of workbook and select the blank tab.

1. right click and select move/copy.
2. move cursor the space the new grant will occupy.
3. click create copy
4. click ok



c. Double click on tab title and enter in grant title

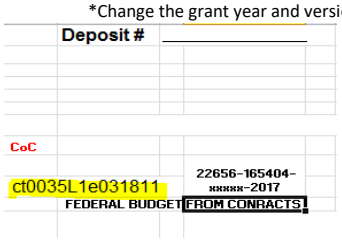
* format is SID-Project-last 2 digits of bud ref



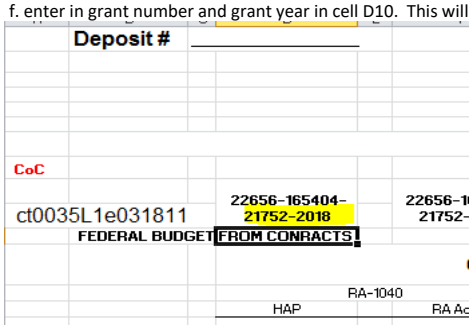
d. Change the color of the tab to match the tabs around it. If the two tabs are different use the color of the one after it.

e. Go to old grant and copy grant number. Paste on new grant page in cell A10. This cell ties to the ELOCCS form

*Change the grant year and version number to match the new grant.

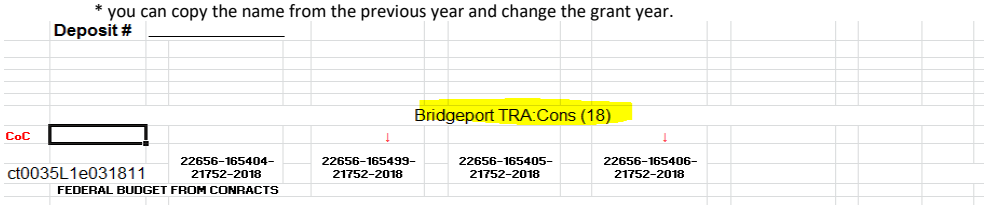


f. enter in grant number and grant year in cell D10. This will populate the rest of the cells to the right.



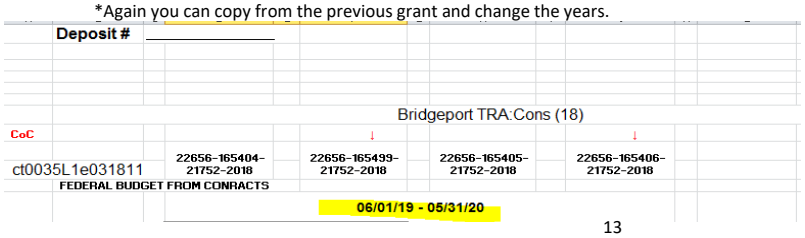
g. Enter in the grant name

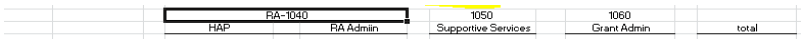
* you can copy the name from the previous year and change the grant year.



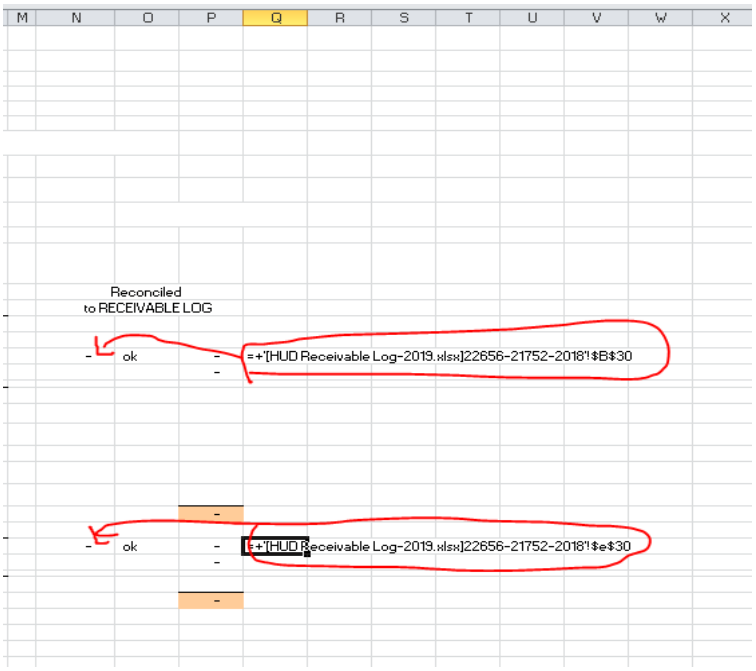
h. Enter in the grant year.

*Again you can copy from the previous grant and change the years.

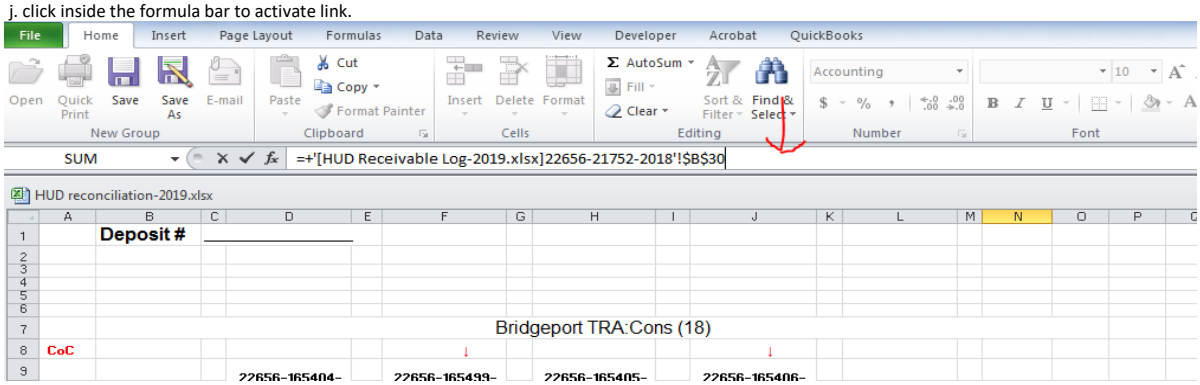




i. The receivable log links will automatically populate from cell D10. Copy and paste VALUE ONLY from cell Q17 to N17 and from Q28 to N28



j. click inside the formula bar to activate link.

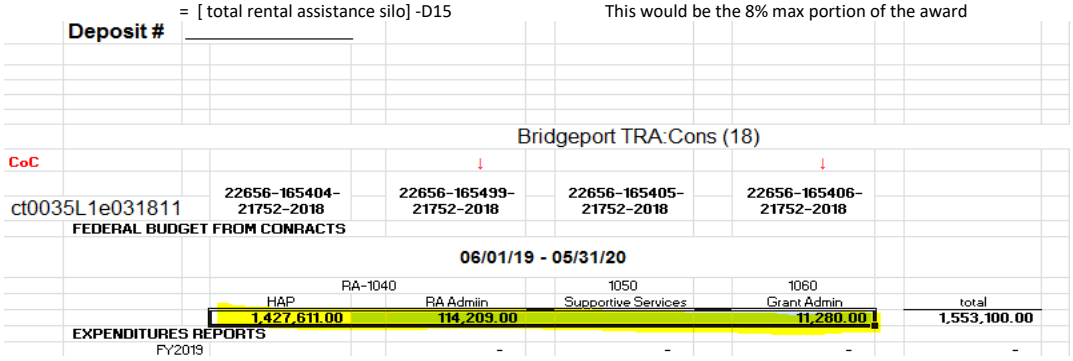


2. Breakout grant to proper line items. The Supportive Services and Grant admin most likely will remain the same as the previous year.

a. Use the following formula to enter the HAP and 8% admin amounts.

=ROUND([total rental assistance silo] /1.08,0) This would be the HAP portion of the award

= [total rental assistance silo] -D15 This would be the 8% max portion of the award



b. When the grant award letter is signed and received from housing. Double check this breakout.

a. Continuum of Care planning activities	$ 0
b. UFA costs	$ 0
c. Acquisition	$ 0
d. Rehabilitation	$ 0
e. New construction	$ 0
f. Leasing	$ 0

g. Rental assistance	$ 1541820
h. Supportive services	$ 0
i. Operating costs	$ 0
j. Homeless Management Information System	$ 0
k. Administrative costs	$ 11280

c. When the grant award letter is signed and received by Housing check the operating dates listed in the grant award letter

l. Relocation Costs	$ 0
m. HPC homelessness prevention activities:	
Housing relocation and stabilization services	$ 0
Short-term and medium-term rental assistance	$ 0

4. The performance period for the project begins __06-01-2018__ and ends __05-31-2019__. No funds for new projects may be drawn down by Recipient until HUD has approved site

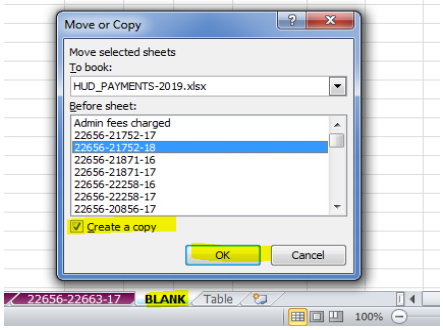
* If the period does not match the start and end date that you have based on the previous year's award then notify Alice Minervino that we would either have to revise the grant award letter or get an acknowledgment letter from HUD that they are aware the dates are incorrect.

3. Set up links to Receivable Log, payment register and MOD_CASH report

a. Open up HUD Payments -2019 excel spreadsheet

T:\Accounting-Budget\HOUSING Program\Continuum of Care (Shelter Plus Care)\Federal-HUD\FY2019

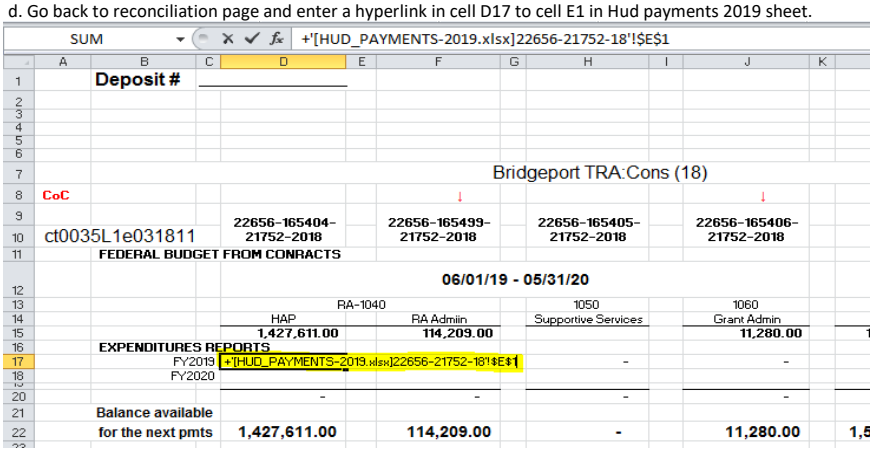
b.click on blank tab and copy it to the numerical location it would fall in.



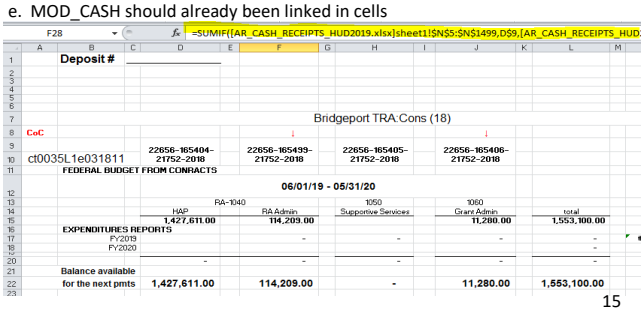
c. rename file to format of SID-Project-final 2 digits of Bud Ref and save.

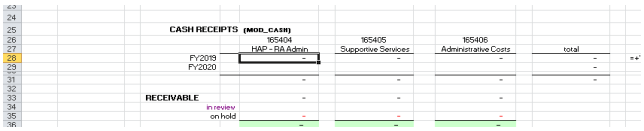
*remove the formulas on line 5

d. Go back to reconciliation page and enter a hyperlink in cell D17 to cell E1 in Hud payments 2019 sheet.



e. MOD_CASH should already been linked in cells





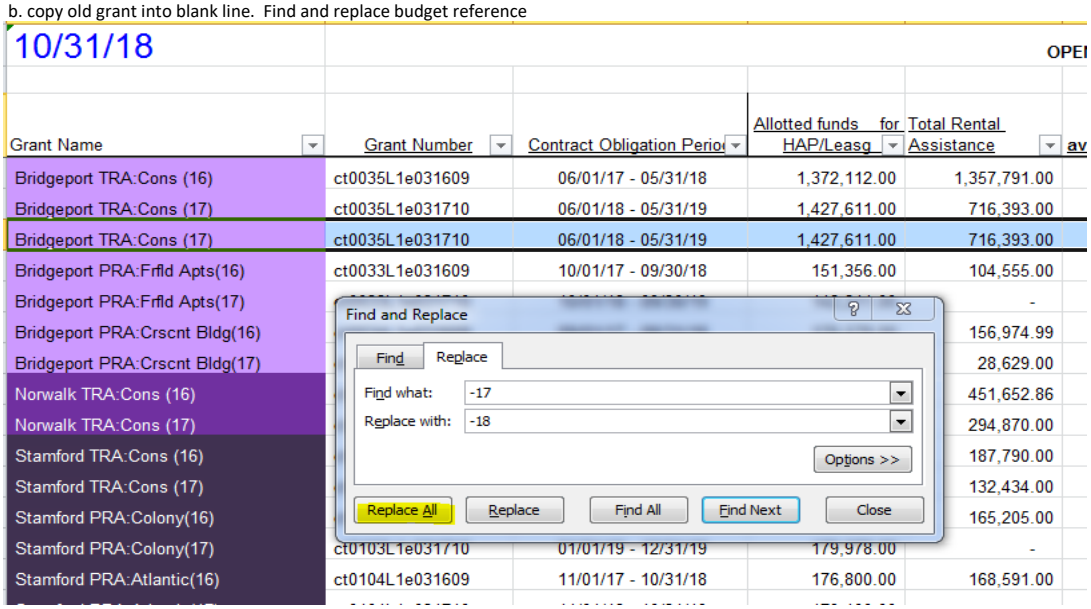
4. Set up line on Summary page

a. Go to the Summary for local office and add a line after the old grant that is being renewed

* this page is for the local offices to help tie into their own tracking spreadsheet.

	A	B	C	D	E	F
1	10/31/18					OPEN GRANTS ONL
2						
4	Grant Name	Grant Number	Contract Obligation Perio	Allotted funds for HAP/Leasg	Total Rental Assistance	Balance available for HA
5	Bridgeport TRA:Cons (16)	ct0035L1e031609	06/01/17 - 05/31/18	1,372,112.00	1,357,791.00	14,321.00
6	Bridgeport TRA:Cons (17)	ct0035L1e031710	06/01/18 - 05/31/19	1,427,611.00	716,393.00	711,218.00
7						
8	Bridgeport PRA:Frfld Apts(16)	ct0033L1e031609	10/01/17 - 09/30/18	151,356.00	104,555.00	46,801.00

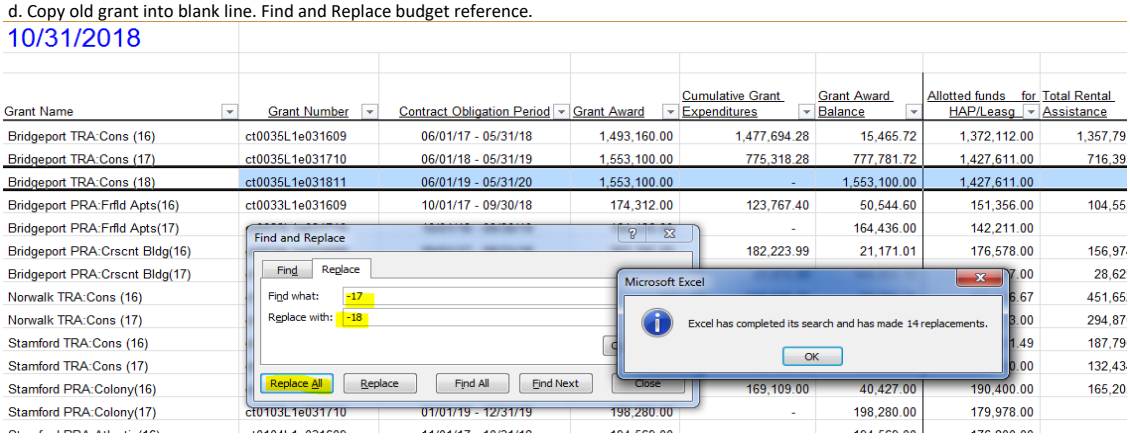
b. copy old grant into blank line. Find and replace budget reference



c. Go to Management summary and enter line after the old grant and before the next grant.

* this spreadsheet is for Alice and Lisa, to help determine the status of each grant.

d. Copy old grant into blank line. Find and Replace budget reference.



E. Set up Grant File for each grant

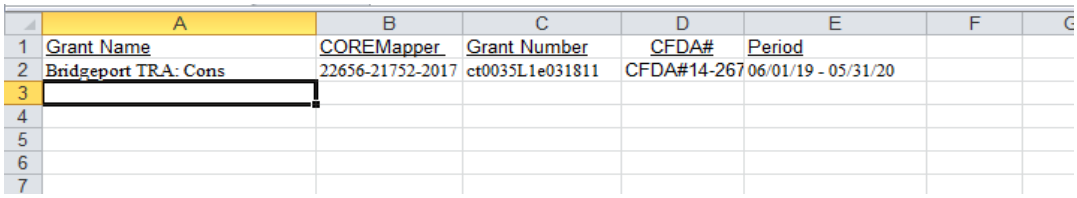
1. Set up label in word

a. Open label.xls in EXCEL. This will link to WORD for the label maker

T:\Accounting-Budget\HOUSING Program\Continuum of Care (Shelter Plus Care)

* Enter the following in the document

	Grant Name	COREMapper	Grant Number	CFDA#	Period
* ie:	Bridgeport TRA: Cons	22656-21752-2017	ct0035L1e031811	CFDA#14-267	06/01/19 - 05/31/20

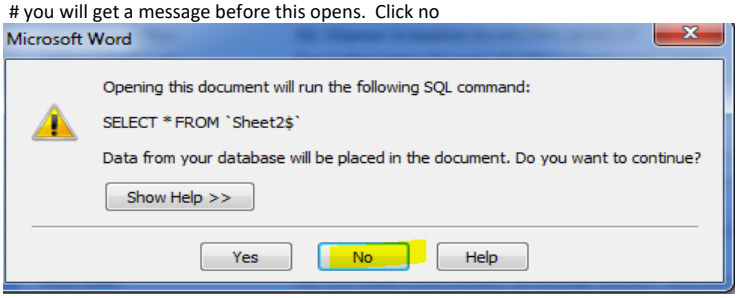


	A	B	C	D	E	F	G
1	Grant Name	COREMapper	Grant Number	CFDA#	Period		
2	Bridgeport TRA: Cons	22656-21752-2017	ct0035L1e031811	CFDA#14-267	06/01/19 - 05/31/20		
3							
4							
5							
6							
7							

***Save file before continuing

b. Open up SPC file folder labels in word

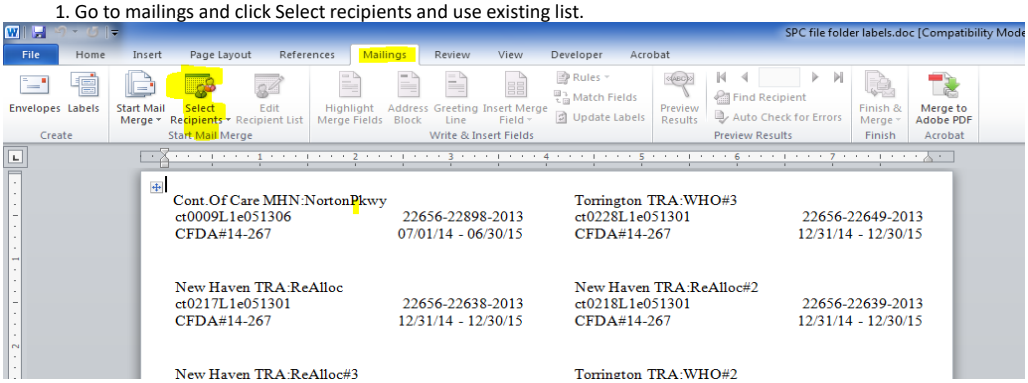
you will get a message before this opens. Click no



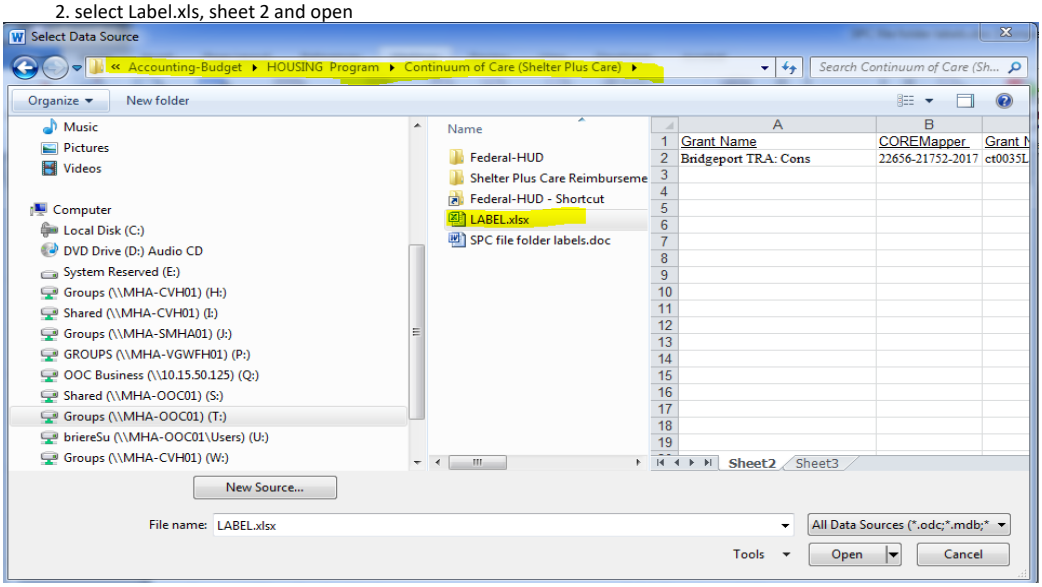
We are clicking no because we want sheet 1 not sheet 2

* the file will open with the old labels. You need to link it to the correct labels.

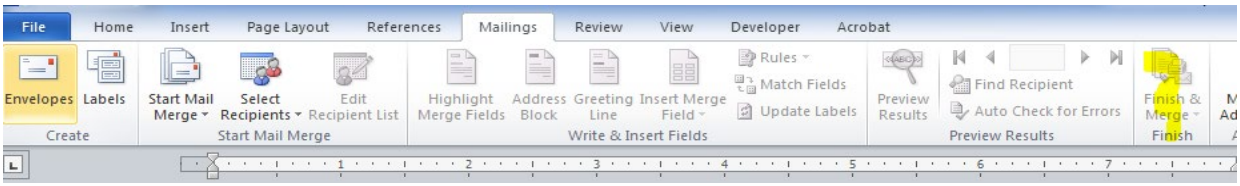
1. Go to mailings and click Select recipients and use existing list.



2. select Label.xls, sheet 2 and open



3. Click finish and merge



4. Print labels on 1 3/4" x 4" mailing labels (20 per page)

Bridgeport TRA: Cons
ct0035L1e031811 22656-21752-2017
CFDA#14-267 06/01/19 - 05/31/20

5. Attach to file folder

2. File the following in a file folder.
   a. Signed grant award letter
   b. copy of email noting any variance of date
   c. copy of grant page from ELOCCS once it is loaded
   d. receivable logs once the grant ends
   e. reconciliation page once grant has ended.
3. Store the file folders by in the active grant drawer by LMHA

A. Notify FSB of change in grants for the next month's rent

* In HUD Reconciliation spreadsheet , open PROJECT CODE KEY tab (third tab in)

1. copy old grant information for TRA only (PRA and SRA are updated on the contract)

a. For TRA grants that have an X in column H, copy columns A - D

	A	B	C	D	E	F	G	H
4	Continuum of Care	SID	Bud Ref	Project	Period of award	HUD ID Number	Contract Prefix	January
5	Bridgeport TRA:Cons	22656	2017	MHA000000021752	06/01/18 - 05/31/19	ct0035L1e031710	TRA-00021752-	
7	Bridgeport PRA:Fairfield Apts.	22656	2017	MHA000000021871	10/01/18 - 09/30/19	ct0033L1e031710	PRA-00021871-	
8	Bridgeport PRA:Crescent	22656	2016	MHA000000022258	09/01/17 - 08/31/18	ct0034L1e031609	PRA-00022258-	
10	Norwalk TRA:Cons	22656	2017	MHA000000020856	06/01/18 - 05/31/19	ct0085L1e031710	TRA-00020856-	
12	Stamford TRA:Cons	22656	2017	MHA000000021713	06/01/18 - 05/31/19	ct0105L1e031710	TRA-00021713-	
13	Stamford PRA:Colony	22656	2016	MHA000000021714	01/01/18 - 12/31/18	ct0103L1e031609	PRA-00021714-	X
14	Stamford PRA:Atlantic	22656	2016	MHA000000022247	11/01/17 - 10/31/18	ct0104L1e031609	PRA-00022247-	
15	Stamford RRH:ShltrHmlss	22656	2016	MHA000000022646	01/01/18 - 12/31/18	ct0233L1e031604	TRA-00022646-	X
16	Danbury TRA:Cons	22656	2017	MHA000000022243	10/01/18 - 09/30/19	ct0210L1e051706	TRA-00022243-	
17	Danbury SHP:ARC	22656	2016	MHA000000022632	12/01/17 - 11/30/18	ct0205L1e051605	TRA-00022632-	
22	Waterbury TRA:Cons	22656	2017	MHA000000022609	10/01/18 - 09/30/19	ct0204L1e051706	TRA-00022609-	
23	Waterbury TRA:CHD	22656	2016	MHA000000022647	01/01/18 - 12/31/18	ct0237L1e051604	TRA-00022647-	X

b. paste on mapping for FSB tab

	A	B	C	D
1				S
2	NEW IN BLUE			
3		OLD CODING		
4	Continuum of Care	SID	Bud Ref	Project
333				
440				
441	United Svc TRA:Wndhm	22656	2016	MHA000000022059
442				
443	Danbury SHP:ARC	22656	2016	MHA000000022632
444				
445	Waterbury TRA:CHD	22656	2016	MHA000000022647
446				

c. change previous adjustments to black so the new ones stand out.

				Shelter Plus Care Mapping				
	NEW IN BLUE							
		OLD CODING			NEW CODING			
	Continuum of Care	SID	Bud Ref	Project	SID	Bud Ref	Project	
	United Svc TRA:Wndhm	22656	2016	MHA000000022059	22656	2017	MHA000000022059	Move November Rents
	Danbury SHP:ARC	22656	2016	MHA000000022632	22656	2017	MHA000000022632	Move December Rents

2. Copy columns B - D into columns E-G and change the bud ref to the next grant year.

	A	B	C	D	E	F	G	H
1					Shelter Plus Care Mapping			
2	NEW IN BLUE							
3		OLD CODING			NEW CODING			
4	Continuum of Care	SID	Bud Ref	Project	SID	Bud Ref	Project	
333								
440								
441	United Svc TRA:Wndhm	22656	2016	MHA000000022059	22656	2017	MHA000000022059	Move November Rents
442								
443	Danbury SHP:ARC	22656	2016	MHA000000022632	22656	2017	MHA000000022632	Move December Rents
444								
445	Waterbury TRA:CHD	22656	2016	MHA000000022647	22656	2017	MHA000000022647	
446								

a. Add note of what month is being changes to column H. This will be the name of column H on the Project Code Key tab.

					Shelter Plus Care Mapping			
	NEW IN BLUE							
		OLD CODING			NEW CODING			
	Continuum of Care	SID	Bud Ref	Project	SID	Bud Ref	Project	
	United Svc TRA:Wndhm	22656	2016	MHA000000022059	22656	2017	MHA000000022059	Move November Rents
	Danbury SHP:ARC	22656	2016	MHA000000022632	22656	2017	MHA000000022632	Move December Rents
	Waterbury TRA:CHD	22656	2016	MHA000000022647	22656	2017	MHA000000022647	Move January Rents

	A	B	C	D	E	F	G	H
4	Continuum of Care	SID	Bud Ref	Project	Period of award	HUD ID Number	Contract Prefix	January
5	Bridgeport TRA:Cons	22656	2017	MHA000000021752	06/01/18 - 05/31/19	ct0035L1e031710	TRA-00021752-	
7	Bridgeport PRA:Fairfield Apts.	22656	2017	MHA000000021871	10/01/18 - 09/30/19	ct0033L1e031710	PRA-00021871-	
8	Bridgeport PRA:Crescent	22656	2016	MHA000000022258	09/01/17 - 08/31/18	ct0034L1e031609	PRA-00022258-	
10	Norwalk TRA:Cons	22656	2017	MHA000000020856	06/01/18 - 05/31/19	ct0085L1e031710	TRA-00020856-	
12	Stamford TRA:Cons	22656	2017	MHA000000021713	06/01/18 - 05/31/19	ct0105L1e031710	TRA-00021713-	
13	Stamford PRA:Colony	22656	2016	MHA000000021714	01/01/18 - 12/31/18	ct0103L1e031609	PRA-00021714-	X
14	Stamford PRA:Atlantic	22656	2016	MHA000000022247	11/01/17 - 10/31/18	ct0104L1e031609	PRA-00022247-	
15	Stamford RRH:ShltrHmlss	22656	2016	MHA000000022646	01/01/18 - 12/31/18	ct0233L1e031604	TRA-00022646-	X
16	Danbury TRA:Cons	22656	2017	MHA000000022243	10/01/18 - 09/30/19	ct0210L1e051706	TRA-00022243-	
17	Danbury SHP:ARC	22656	2016	MHA000000022632	12/01/17 - 11/30/18	ct0205L1e051605	TRA-00022632-	
22	Waterbury TRA:Cons	22656	2017	MHA000000022609	10/01/18 - 09/30/19	ct0204L1e051706	TRA-00022609-	
23	Waterbury TRA:CHD	22656	2016	MHA000000022647	01/01/18 - 12/31/18	ct0237L1e051604	TRA-00022647-	X
24	Torrington TRA:Cons.	22656	2017	MHA000000022257	10/01/18 - 09/30/19	ct0142L1e051709	TRA-00022257-	

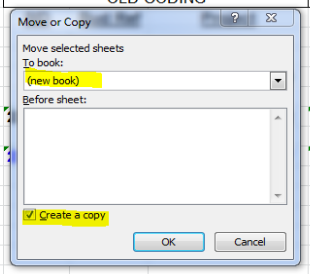
a. repeat steps 1-2 for all TRA grants marked with an X in column H of the Project code key tab

b. move column H to before Column S setting up the next month for mapping.

	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
4	Project	Period of award	HUD ID Number	Contract Prefix	Mar	April	May	June	July	August	September	October	November	December	January	
5	MHA000000021752	06/01/18 - 05/31/19	ct0035L1e031710	TRA-00021752-				X								22
7	MHA000000021871	10/01/18 - 09/30/19	ct0033L1e031710	PRA-00021871-								X				22
8	MHA000000022258	09/01/17 - 08/31/18	ct0034L1e031609	PRA-00022258-							X					22
10	MHA000000020856	06/01/18 - 05/31/19	ct0085L1e031710	TRA-00020856-				X								22
12	MHA000000021713	06/01/18 - 05/31/19	ct0105L1e031710	TRA-00021713-				X								22
13	MHA000000021714	01/01/18 - 12/31/18	ct0103L1e031609	PRA-00021714-											X	22
14	MHA000000022247	11/01/17 - 10/31/18	ct0104L1e031609	PRA-00022247-									X			22
15	MHA000000022646	01/01/18 - 12/31/18	ct0233L1e031604	TRA-00022646-											X	22
16	MHA000000022243	10/01/18 - 09/30/19	ct0210L1e051706	TRA-00022243-								X				22
17	MHA000000022632	12/01/17 - 11/30/18	ct0205L1e051605	TRA-00022632-										X		22
22	MHA000000022609	10/01/18 - 09/30/19	ct0204L1e051706	TRA-00022609-								X				22
23	MHA000000022647	01/01/18 - 12/31/18	ct0237L1e051604	TRA-00022647-											X	22
24	MHA000000022257	10/01/18 - 09/30/19	ct0142L1e051709	TRA-00022257-								X				22
25	MHA000000022469	10/01/18 - 09/30/19	ct0200L1e051706	TRA-00022469-								X				22
28	MHA000000022586	06/01/18 - 05/31/19	ct0061L1e051710	TRA-00022586-				X								22
30	MHA000000022626	10/01/18 - 09/30/19	ct0154L1e051707	TRA-00022626-								X				22
31	MHA000000022628	07/01/17 - 06/30/18	ct0246L1e051603	TRA-00022628-					X							22
32	MHA000000022246	05/01/18 - 04/30/19	ct0022L1e051710	TRA-00022246-			X									22
33	MHA000000022468	10/01/18 - 09/30/19	ct0172L1e051705	TRA-00022468-								X				22
35	MHA000000022652	MOVED TO 22246		combined into another grant									X			22
36	MHA000000022244	01/01/18 - 12/31/18	ct0023L1e051609	PRA-00022244-											X	22

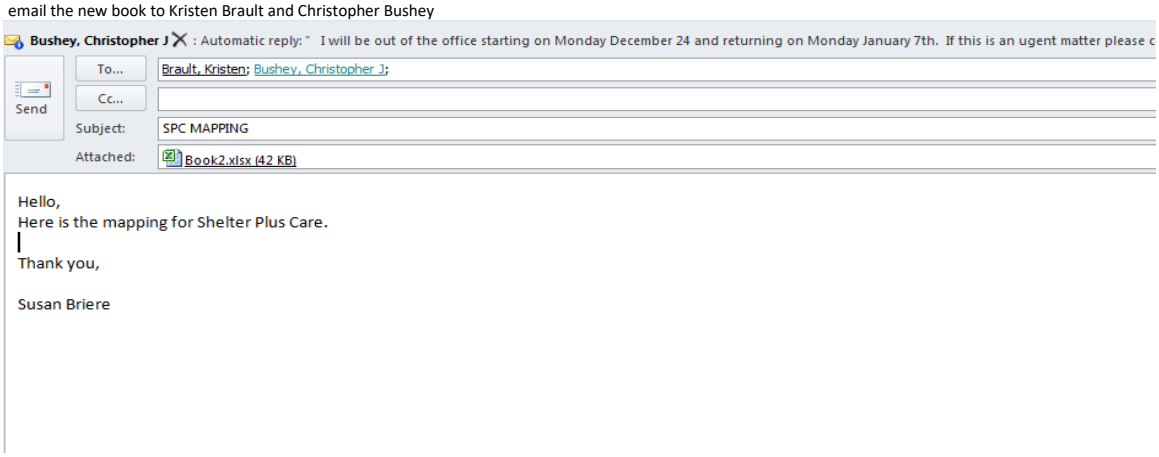
c. copy the mapping to FSB tab to a new book.

	A	B	C	D	E	F	G	H
1					Shelter Plus Care Mapping			
2	NEW IN BLUE							
3		OLD CODING			NEW CODING			
4	Continuum of Care				SID	Bud Ref	Project	
333								
440								
441	United Svc TRA:Wndhm				22656	2017	MHA000000022059	Move November Rents
442								
443	Danbury SHP:ARC				22656	2017	MHA000000022632	Move December Rents
444								
445	Waterbury TRA:CHD				22656	2017	MHA000000022647	Move January Rents
446								
447								
448								
449								
450								
451								
452								



Management Summary | Summary for Local Offices | Project code Key | mapping to FSB | Yale&CMHC Ledger | 22656-21752-16 | 22656-21752-17 | 22656-21752-18 | 22656-21871

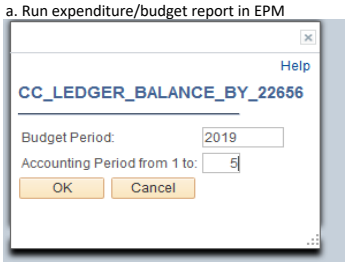
3. email mapping to FSB
email the new book to Kristen Brault and Christopher Bushey



A. Load Receivable Log

1. Run Receivable reports in CORE-EPM

a. Run expenditure/budget report in EPM



open up in excel

highlight the rows without a project and delete. We will pull the revenue and receipt in a different report

CC_LEDGER_BALANCE_BY_22656-1148601.xlsx [Read-Only]

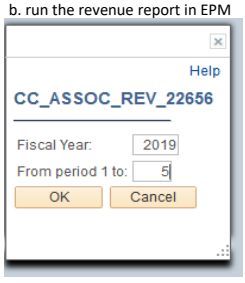
	A	B	C	D	E	F	G	H	I	J	K
1	Comm. Cntrl I	324									
2	Budget Period = 2019										
3	Accounting Period from 1 to = 5										
4	dget Period	Ledger	DeptID	Fund	SID	Project	Bud Ref	Period	Total Amt		
5	2019	KK_ASRE_CC	MHA53000	12060	22656		2017	4	-1802730.810		
6	2019	KK_ASRE_CC	MHA53000	12060	22656		2017	3	-5719718.920		
7	2019	KK_ASRE_CC	MHA53000	12060	22656		2016	3	-771240.130		
8	2019	KK_ASRE_CC	MHA53000	12060	22656		2016	5	0.000		
9	2019	KK_ASRE_CC	MHA53000	12060	22656		2016	4	-214677.910		
10	2019	KK_ASRE_CC	MHA53000	12060	22656		2016	2	-1831404.510		
11	2019	KK_ASRE_RC	MHA53000	12060	22656		2016	4	-214800.460		
12	2019	KK_ASRE_RC	MHA53000	12060	22656		2017	3	-3184085.270		
13	2019	KK_ASRE_RC	MHA53000	12060	22656		2016	2	-1793658.510		
14	2019	KK_ASRE_RC	MHA53000	12060	22656		2017	4	-1473369.490		
15	2019	KK_ASRE_RC	MHA53000	12060	22656		2016	3	-818484.250		
16	2019	KK_ASRE_RC	MHA53000	12060	22656		2017	2	-2133731.970		
17	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002224	2017	4	-185477.000		

scroll to the bottom of the report and set your cursor the first blank cell in column A.

CC_LEDGER_BALANCE_BY_22656-1148601.xlsx [Read-Only]

	A	B	C	D	E	F	G
304	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA00000002225	2017
305	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA00000002181	2016
306	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA00000002225	2016
307	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA00000002224	2015
308	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA00000002265	2017
309	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA00000002153	2016
310	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA00000002265	2016
311	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002090	2017
312	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002090	2016
313	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002266	2017
314	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002090	2017
315	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002090	2016
316	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002266	2017
317							

b. run the revenue report in EPM



open in excel and select all the rows of data

CC_ASSOC_REV_22656-1148602.xlsx [Read-Only]

	A	B	C	D	E	F	G	H	I	J
1	tecre	343								
2	Fiscal Year = 2019									
3	From period 1 to = 5									
4	Year	Sourc	DeptID	Fund	SID	Project	Bud Ref	Period	Sum Amount	
5	2019	ARI	MHA53262	12060	22656	MHA00000022650	2016	2	9721.000	
6	2019	ARI	MHA53262	12060	22656	MHA00000020752	2016	2	-43407.440	
7	2019	ARI	MHA53262	12060	22656	MHA00000020752	2016	3	-28086.080	
8	2019	ARI	MHA53262	12060	22656	MHA00000020752	2016	4	-14662.000	
9	2019	ARI	MHA53262	12060	22656	MHA00000020856	2016	2	-32381.000	
10	2019	ARI	MHA53262	12060	22656	MHA00000020901	2016	2	-18341.000	
11	2019	ARI	MHA53262	12060	22656	MHA00000020901	2016	3	-73364.000	
12	2019	ARI	MHA53262	12060	22656	MHA00000021536	2016	2	-26254.800	
13	2019	ARI	MHA53262	12060	22656	MHA00000021536	2016	3	-26406.680	
14	2019	ARI	MHA53262	12060	22656	MHA00000021536	2016	4	-15887.000	
15	2019	ARI	MHA53262	12060	22656	MHA00000021539	2016	2	-17654.000	
16	2019	ARI	MHA53262	12060	22656	MHA00000021539	2016	3	-25869.000	
17	2019	ARI	MHA53262	12060	22656	MHA00000021539	2016	4	-8857.000	

copy and paste at the bottom of the first EPM report.

311	2019		KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002090	2017	4	36682.000
312	2019		KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002090	2016	2	36682.000
313	2019		KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002266	2017	4	48087.000
314	2019		KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002090	2017	5	36682.000
315	2019		KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002090	2016	3	36682.000
316	2019		KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002266	2017	1	48086.000
317		2019	ARI	MHA53262	12060	22656	MHA00000002265	2016	2	9721.000
318		2019	ARI	MHA53262	12060	22656	MHA00000002075	2016	2	-43407.440
319		2019	ARI	MHA53262	12060	22656	MHA00000002075	2016	3	-28086.080
320		2019	ARI	MHA53262	12060	22656	MHA00000002075	2016	4	-14662.000
321		2019	ARI	MHA53262	12060	22656	MHA00000002085	2016	2	-32381.000
322		2019	ARI	MHA53262	12060	22656	MHA00000002090	2016	2	-18341.000
323		2019	ARI	MHA53262	12060	22656	MHA00000002090	2016	3	-73364.000

324	2019 ARI	MHA53262	12060	22656	MHA00000002153	2016	2	-26254.800
325	2019 ARI	MHA53262	12060	22656	MHA00000002153	2016	3	-26406.680
326	2019 ARI	MHA53262	12060	22656	MHA00000002153	2016	4	-15887.000
327	2019 ARI	MHA53262	12060	22656	MHA00000002153	2016	2	-17654.000

* discard rest of 2nd EPM report

c. Change the name of column I to EXPENDITURES and copy across over columns J, K and L.

CC_LEDGER_BALANCE_BY_22656-1148601.xlsx [Read-Only]

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Comm. Cntrl #	324													
2	Budget Period = 2019														
3	Accounting Period from 1 to = 5														
4	Budget Period	Ledger	DeptID	Fund	SID	Project	Bud Ref	Period	EXPENDITURES	EXPENDITURES	EXPENDITURES	EXPENDITURES			
5	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002224	2017	4	-185477.000						
6	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002171	2017	4	-198280.000						

Adjust column widths of columns I through L

CC_LEDGER_BALANCE_BY_22656-1148601.xlsx [Read-Only]

	A	B	C	D	E	F	G	H	I	J	K	L
1	Comm. Cntrl #	324										
2	Budget Period = 2019											
3	Accounting Period from 1 to = 5											
4	Budget Period	Ledger	DeptID	Fund	SID	Project	Bud Ref	Period	EXPENDITURES	EXPENDITURES	EXPENDITURES	EXPENDITURES
5	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002224	2017	4	-185477.000			
6	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002171	2017	4	-198280.000			

change column headers to the Expenditure, Revenue, Receipt and award without changing column width.

CC_LEDGER_BALANCE_BY_22656-1148601.xlsx [Read-Only]

	A	B	C	D	E	F	G	H	I	J	K	L
1	Comm. Cntrl #	324										
2	Budget Period = 2019											
3	Accounting Period from 1 to = 5											
4	Budget Period	Ledger	DeptID	Fund	SID	Project	Bud Ref	Period	EXPENDITURES	REVENUES	RECEIPTS	AWARDS
5	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002224	2017	4	-185477.000			
6	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002171	2017	4	-198280.000			

d. For Ledger KK_PRJ1_BD copy the negative of column I into column L.

CC_LEDGER_BALANCE_BY_22656-1148601.xlsx [Read-Only]

	A	B	C	D	E	F	G	H	I	J	K	L
1	Comm. Cntrl #	324										
2	Budget Period = 2019											
3	Accounting Period from 1 to = 5											
4	Budget Period	Ledger	DeptID	Fund	SID	Project	Bud Ref	Period	EXPENDITURES	REVENUES	RECEIPTS	AWARDS
5	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002224	2017	4	-185477.000			185477.000
6	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002171	2017	4	-198280.000			198280.000
7	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002224	2017	4	-197377.000			197377.000
8	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002266	2017	4	-122515.000			122515.000
9	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002153	2017	4	-135419.000			135419.000
10	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002205	2017	4	-88406.000			88406.000
11	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002225	2017	4	-179731.000			179731.000
12	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002075	2017	4	-197843.000			197843.000
13	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002153	2017	4	-166685.000			166685.000
14	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002263	2017	4	-69369.000			69369.000
15	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002260	2017	2	-40952.000			40952.000
16	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002226	2017	2	-106431.000			106431.000
17	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002238	2017	3	-241311.000			241311.000
18	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002181	2017	3	-163157.000			163157.000
19	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002262	2017	3	-109585.000			109585.000
20	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002217	2017	3	-190353.000			190353.000
21	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002246	2017	3	-110013.000			110013.000
22	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002187	2017	3	-164436.000			164436.000
23	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002246	2017	3	-291554.000			291554.000
24	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002260	2017	3	-205374.000			205374.000
25	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002225	2017	3	-148199.000			148199.000
26	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002264	2017	4	-73746.000			73746.000
27	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002224	2017	3	-555685.000			555685.000
28	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA00000002224	2016	5	0.000			

we are reversing the signs as a positve award is a credit which shows as negative. We want to show positive awards as a positive for purposes of the receivable log

copy and past values in column L and remove the values in column I

	A	B	C	D	E	F	G	H	I	J	K	L
1	Comm. Cntrl #	324										
2	Budget Period = 2019											
3	Accounting Period from 1 to = 5											
4	Budget Period	Ledger	DeptID	Fund	SID	Project	Bud Ref	Period	EXPENDITURES	REVENUES	RECEIPTS	AWARDS
5	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002224	2017	4				185477.000
6	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002171	2017	4				198280.000
7	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002224	2017	4				197377.000
8	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002266	2017	4				122515.000
9	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002153	2017	4				135419.000
10	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002205	2017	4				88406.000
11	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002225	2017	4				179731.000
12	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002075	2017	4				197843.000
13	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002153	2017	4				166685.000
14	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002263	2017	4				69369.000
15	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002260	2017	2				40952.000
16	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002226	2017	2				106431.000
17	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002238	2017	3				241311.000
18	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002181	2017	3				163157.000
19	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002262	2017	3				109585.000
20	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002217	2017	3				190353.000
21	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002246	2017	3				110013.000
22	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002187	2017	3				164436.000
23	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002246	2017	3				291554.000
24	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002260	2017	3				205374.000
25	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002225	2017	3				148199.000
26	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002264	2017	4				73746.000
27	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA00000002224	2017	3				555685.000
28	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA00000002224	2016	5	0.000			

e. For ledger group ARI, copy column I and paste the negative value in column K

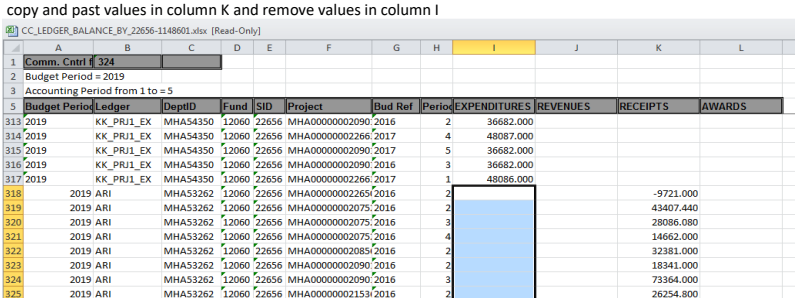
CC_LEDGER_BALANCE_BY_22656-1148601.xlsx [Read-Only]

	A	B	C	D	E	F	G	H	I	J	K	L
1	Comm. Cntrl #	324										
2	Budget Period = 2019											
3	Accounting Period from 1 to = 5											
5	Budget Period	Ledger	DeptID	Fund	SID	Project	Bud Ref	Period	EXPENDITURES	REVENUES	RECEIPTS	AWARDS
315	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002090	2017	5	36682.000			
316	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002090	2016	3	36682.000			
317	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002266	2017	1	48086.000			
318	2019 ARI		MHA53262	12060	22656	MHA00000002265	2016	2	9721.000		-9721.000	
319	2019 ARI		MHA53262	12060	22656	MHA00000002075	2016	2	-43407.440		43407.440	
320	2019 ARI		MHA53262	12060	22656	MHA00000002075	2016	3	-28086.080		28086.080	
321	2019 ARI		MHA53262	12060	22656	MHA00000002075	2016	4	-14662.000		14662.000	
322	2019 ARI		MHA53262	12060	22656	MHA00000002085	2016	2	-32381.000		32381.000	
323	2019 ARI		MHA53262	12060	22656	MHA00000002090	2016	2	-18341.000		18341.000	
324	2019 ARI		MHA53262	12060	22656	MHA00000002090	2016	3	-73364.000		73364.000	
325	2019 ARI		MHA53262	12060	22656	MHA00000002153	2016	2	-26254.800		26254.800	
326	2019 ARI		MHA53262	12060	22656	MHA00000002153	2016	3	-26406.680		26406.680	
327	2019 ARI		MHA53262	12060	22656	MHA00000002153	2016	4	-15887.000		15887.000	
328	2019 ARI		MHA53262	12060	22656	MHA00000002153	2016	2	-17654.000		17654.000	

we are reversing the signs as a positve award is a credit which shows as negative. We want to show positive awards as a positive for purposes of the receivable log

329	2019	ARI	MHA53262	12060	22656	MHA00000002153	2016	3	-25869.000		25869.000	

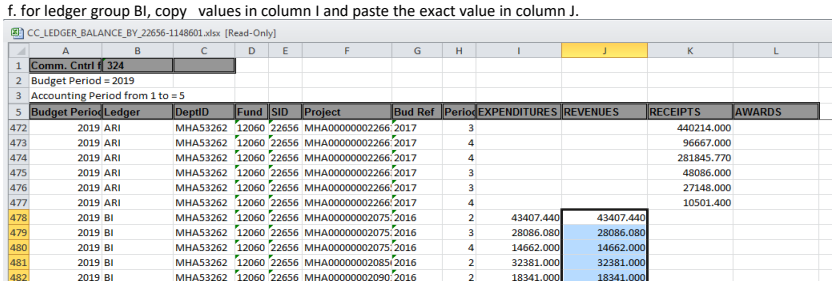
copy and past values in column K and remove values in column I



CC_LEDGER_BALANCE_BY_22656-1148601.xlsx [Read-Only]

	A	B	C	D	E	F	G	H	I	J	K	L
1	Comm. Cntrl I	324										
2	Budget Period = 2019											
3	Accounting Period from 1 to = 5											
5	Budget Period	Ledger	DeptID	Fund	SID	Project	Bud Ref	Period	EXPENDITURES	REVENUES	RECEIPTS	AWARDS
313	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002090	2016	2	36682.000			
314	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002266	2017	4	48087.000			
315	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002090	2017	5	36682.000			
316	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002090	2016	3	36682.000			
317	2019	KK_PRJ1_EX	MHA54350	12060	22656	MHA00000002266	2017	1	48086.000			
318	2019	ARI	MHA53262	12060	22656	MHA00000002265	2016	2			-9721.000	
319	2019	ARI	MHA53262	12060	22656	MHA00000002075	2016	2			43407.440	
320	2019	ARI	MHA53262	12060	22656	MHA00000002075	2016	3			28086.080	
321	2019	ARI	MHA53262	12060	22656	MHA00000002075	2016	4			14662.000	
322	2019	ARI	MHA53262	12060	22656	MHA00000002085	2016	2			32381.000	
323	2019	ARI	MHA53262	12060	22656	MHA00000002090	2016	2			18341.000	
324	2019	ARI	MHA53262	12060	22656	MHA00000002090	2016	3			73364.000	
325	2019	ARI	MHA53262	12060	22656	MHA00000002153	2016	2			26254.800	

f. for ledger group BI, copy values in column I and paste the exact value in column J.



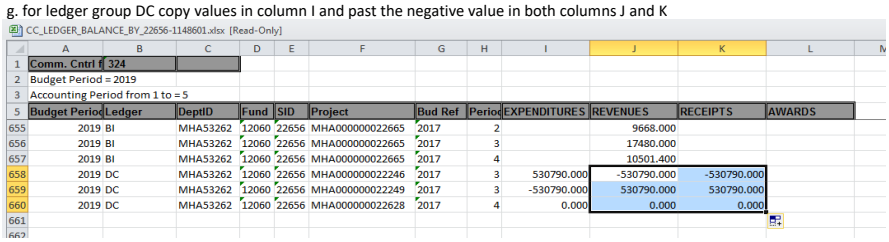
CC_LEDGER_BALANCE_BY_22656-1148601.xlsx [Read-Only]

	A	B	C	D	E	F	G	H	I	J	K	L
1	Comm. Cntrl I	324										
2	Budget Period = 2019											
3	Accounting Period from 1 to = 5											
5	Budget Period	Ledger	DeptID	Fund	SID	Project	Bud Ref	Period	EXPENDITURES	REVENUES	RECEIPTS	AWARDS
472	2019	ARI	MHA53262	12060	22656	MHA00000002266	2017	3			440214.000	
473	2019	ARI	MHA53262	12060	22656	MHA00000002266	2017	4			96667.000	
474	2019	ARI	MHA53262	12060	22656	MHA00000002266	2017	4			281845.770	
475	2019	ARI	MHA53262	12060	22656	MHA00000002266	2017	3			48086.000	
476	2019	ARI	MHA53262	12060	22656	MHA00000002266	2017	3			27148.000	
477	2019	ARI	MHA53262	12060	22656	MHA00000002266	2017	4			10501.400	
478	2019	BI	MHA53262	12060	22656	MHA00000002075	2016	2	43407.440	43407.440		
479	2019	BI	MHA53262	12060	22656	MHA00000002075	2016	3	28086.080	28086.080		
480	2019	BI	MHA53262	12060	22656	MHA00000002075	2016	4	14662.000	14662.000		
481	2019	BI	MHA53262	12060	22656	MHA00000002085	2016	2	32381.000	32381.000		
482	2019	BI	MHA53262	12060	22656	MHA00000002090	2016	2	18341.000	18341.000		

Billing is already a positive to show the increase so we don't have to reverse the signs.

Copy and paste values in column J and remove values in Column I

g. for ledger group DC copy values in column I and past the negative value in both columns J and K

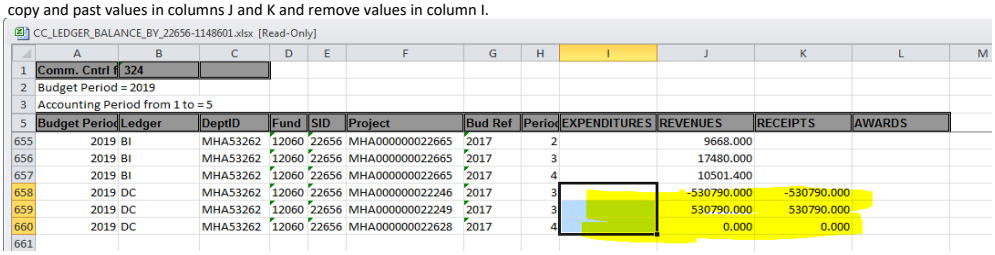


CC_LEDGER_BALANCE_BY_22656-1148601.xlsx [Read-Only]

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Comm. Cntrl I	324											
2	Budget Period = 2019												
3	Accounting Period from 1 to = 5												
5	Budget Period	Ledger	DeptID	Fund	SID	Project	Bud Ref	Period	EXPENDITURES	REVENUES	RECEIPTS	AWARDS	
655	2019	BI	MHA53262	12060	22656	MHA00000022665	2017	2		9668.000			
656	2019	BI	MHA53262	12060	22656	MHA00000022665	2017	3		17480.000			
657	2019	BI	MHA53262	12060	22656	MHA00000022665	2017	4		10501.400			
658	2019	DC	MHA53262	12060	22656	MHA00000022246	2017	3	530790.000	-530790.000	-530790.000		
659	2019	DC	MHA53262	12060	22656	MHA00000022249	2017	3	-530790.000	530790.000	530790.000		
660	2019	DC	MHA53262	12060	22656	MHA00000022628	2017	4	0.000	0.000	0.000		
661													
662													

Deposit corrects need to be reversed to show show the positive change.

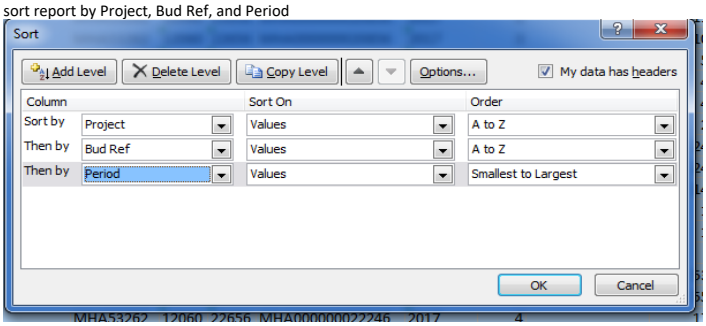
copy and past values in columns J and K and remove values in column I.



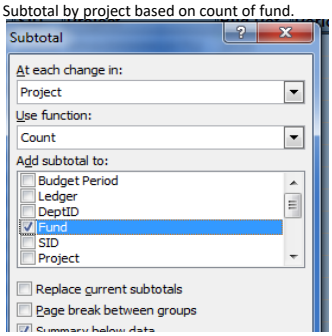
CC_LEDGER_BALANCE_BY_22656-1148601.xlsx [Read-Only]

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Comm. Cntrl I	324											
2	Budget Period = 2019												
3	Accounting Period from 1 to = 5												
5	Budget Period	Ledger	DeptID	Fund	SID	Project	Bud Ref	Period	EXPENDITURES	REVENUES	RECEIPTS	AWARDS	
655	2019	BI	MHA53262	12060	22656	MHA00000022665	2017	2		9668.000			
656	2019	BI	MHA53262	12060	22656	MHA00000022665	2017	3		17480.000			
657	2019	BI	MHA53262	12060	22656	MHA00000022665	2017	4		10501.400			
658	2019	DC	MHA53262	12060	22656	MHA00000022246	2017	3		-530790.000	-530790.000		
659	2019	DC	MHA53262	12060	22656	MHA00000022249	2017	3		530790.000	530790.000		
660	2019	DC	MHA53262	12060	22656	MHA00000022628	2017	4		0.000	0.000		
661													

2. sort report by Project, Bud Ref, and Period

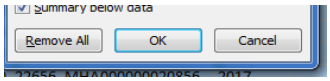


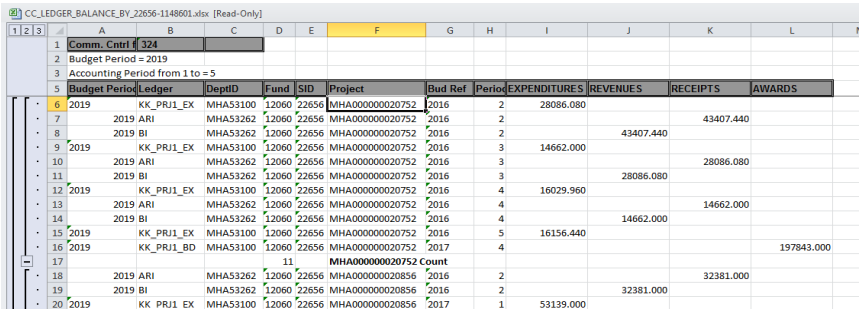
3. Subtotal by project based on count of fund.



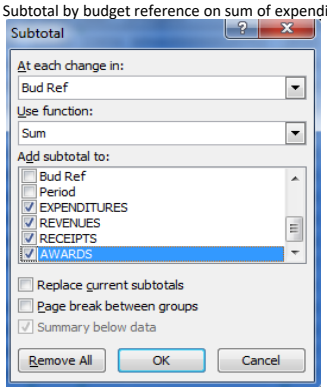
This is so we separate the Projects from one another.
We don't want totals as we are going to be drilling down to bud ref and totaling the report there

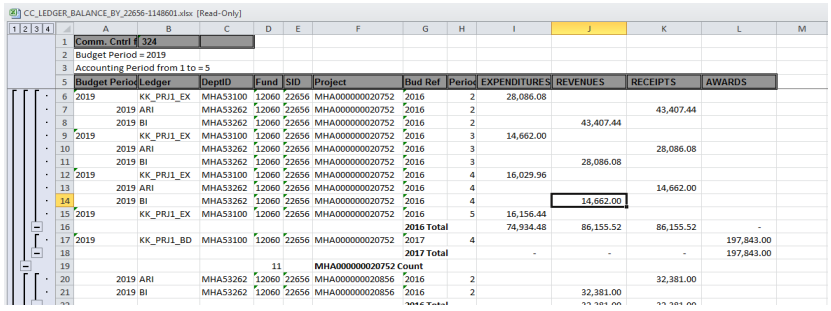
click off replace current totals so we can subtotal by bud ref.



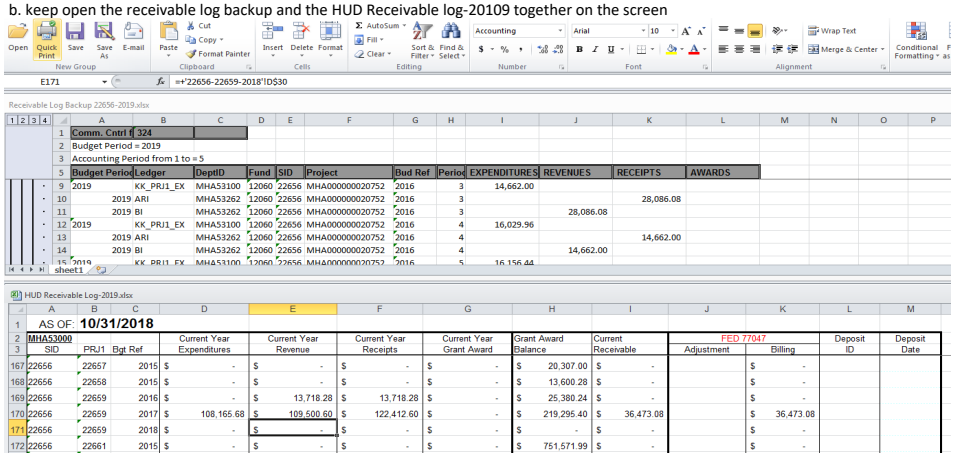


4. Subtotal by budget reference on sum of expenditure, revenues, receipts and awards

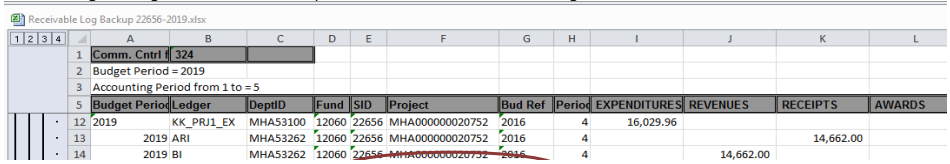


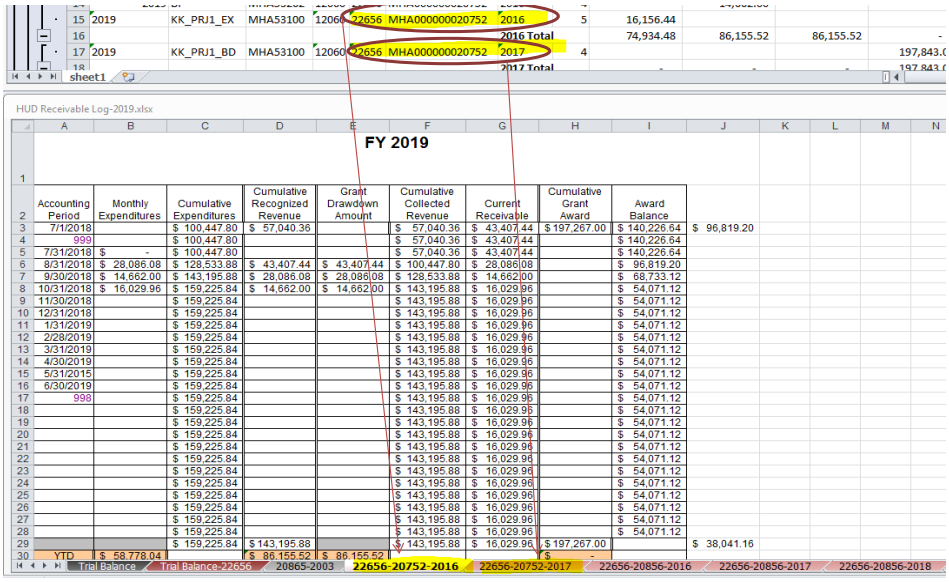


5. save file as [Receivable log backup-22656 2019.xlsx] in T:\Accounting-Budget\Susan\Billing\FY19
6. Enter report information into receivable log
   a. open HUD receivable log-2019
   stored in T:\Accounting-Budget\HOUSING Program\Continuum of Care (Shelter Plus Care)\Federal-HUD\FY2019
   b. keep open the receivable log backup and the HUD Receivable log-20109 together on the screen



* Each change in budget reference will correspond to a new tab in the receivable log





15	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA000000020752	2016	5	16,156.44		
16							2016 Total		74,934.48	86,155.52	86,155.52
17	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA000000020752	2017	4			
18							2017 Total		-	-	-

sheet1

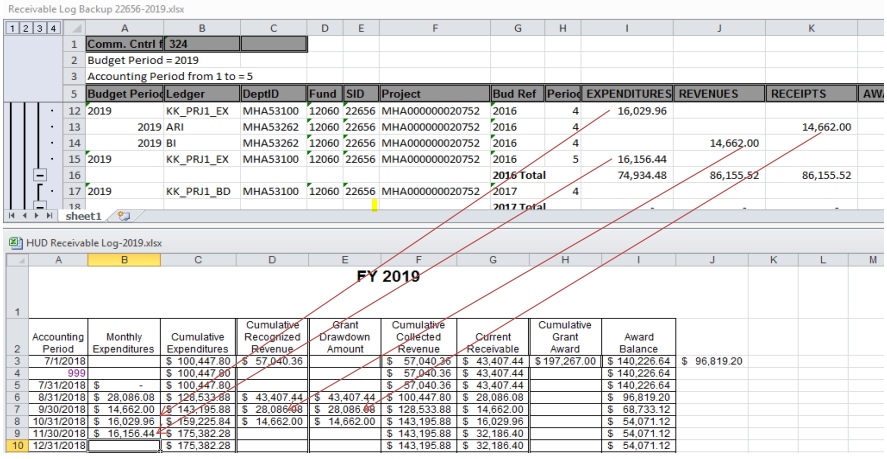
HUD Receivable Log-2019.xlsx

	A	B	C	D	E	F	G	H	I	J
1	FY 2019									
2	Accounting Period	Monthly Expenditures	Cumulative Expenditures	Cumulative Recognized Revenue	Grant Drawdown Amount	Cumulative Collected Revenue	Current Receivable	Cumulative Grant Award	Award Balance	
3	7/1/2018		$ 100,447.80	$ 57,040.36		$ 57,040.36	$ 43,407.44	$ 197,267.00	$ 140,226.64	$ 96,819.20
4	999		$ 100,447.80			$ 57,040.36	$ 43,407.44		$ 140,226.64	
5	7/31/2018	$ -	$ 100,447.80			$ 57,040.36	$ 43,407.44		$ 140,226.64	
6	8/31/2018	$ 28,086.08	$ 128,533.88	$ 43,407.44	$ 43,407.44	$ 100,447.80	$ 28,086.08		$ 96,819.20	
7	9/30/2018	$ 14,662.00	$ 143,195.88	$ 28,086.08	$ 28,086.08	$ 128,533.88	$ 14,662.00		$ 68,733.12	
8	10/31/2018	$ 16,029.96	$ 159,225.84	$ 14,662.00	$ 14,662.00	$ 143,195.88	$ 16,029.96		$ 54,071.12	
9	11/30/2018		$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
10	12/31/2018		$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
11	1/31/2019		$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
12	2/28/2019		$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
13	3/31/2019		$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
14	4/30/2019		$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
15	5/31/2015		$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
16	6/30/2019		$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
17	998		$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
18			$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
19			$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
20			$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
21			$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
22			$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
23			$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
24			$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
25			$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
26			$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
27			$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
28			$ 159,225.84			$ 143,195.88	$ 16,029.96		$ 54,071.12	
29			$ 159,225.84	$ 143,195.88		$ 143,195.88	$ 16,029.96	$ 197,267.00		$ 38,041.16
30	YTD	$ 58,778.04		$ 86,155.52	$ 86,155.52			$ -		

Trial Balance | Trial Balance-22656 | 20865-2003 | 22656-20752-2016 | 22656-20752-2017 | 22656-20856-2016 | 22656-20856-2017 | 22656-20856-2018

c. enter in expenditures, revenues , receipts and awards in the appropriate columns.

* expenditures go in column B, revenues into column D, Receipts into Column E and awards into column H.



Receivable Log Backup 22656-2019.xlsx

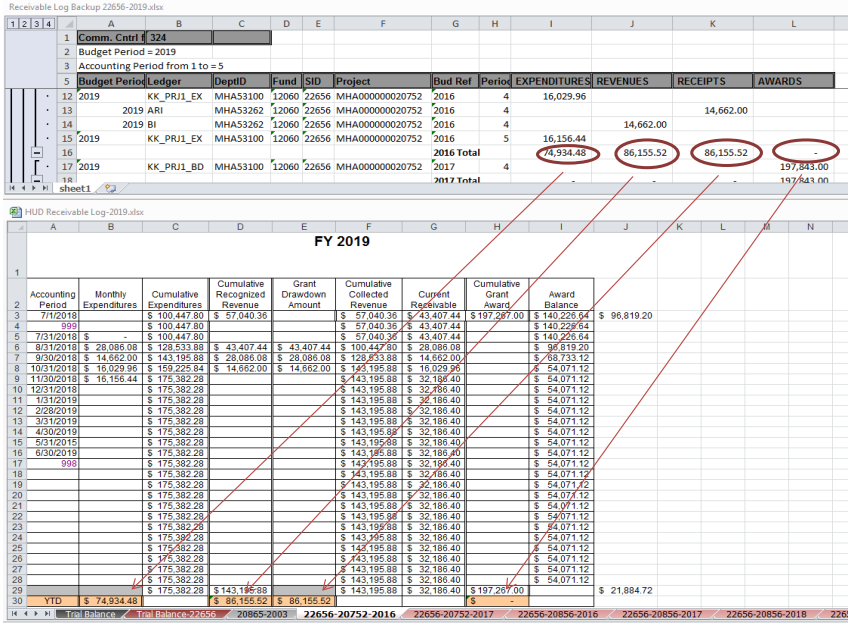
	A	B	C	D	E	F	G	H	I	J	K
1	Comm. Cntrl f	324									
2	Budget Period = 2019										
3	Accounting Period from 1 to = 5										
5	Budget Period	Ledger	DeptID	Fund	SID	Project	Bud Ref	Period	EXPENDITURES	REVENUES	RECEIPTS
12	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA000000020752	2016	4	16,029.96		
13	2019	ARI	MHA53262	12060	22656	MHA000000020752	2016	4			14,662.00
14	2019	BI	MHA53262	12060	22656	MHA000000020752	2016	4		14,662.00	
15	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA000000020752	2016	5	16,156.44		
16							2016 Total		74,934.48	86,155.52	86,155.52
17	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA000000020752	2017	4			
18							2017 Total		-	-	-

sheet1

HUD Receivable Log-2019.xlsx

	A	B	C	D	E	F	G	H	I	J
1	FY 2019									
2	Accounting Period	Monthly Expenditures	Cumulative Expenditures	Cumulative Recognized Revenue	Grant Drawdown Amount	Cumulative Collected Revenue	Current Receivable	Cumulative Grant Award	Award Balance	
3	7/1/2018		$ 100,447.80	$ 57,040.36		$ 57,040.36	$ 43,407.44	$ 197,267.00	$ 140,226.64	$ 96,819.20
4	999		$ 100,447.80			$ 57,040.36	$ 43,407.44		$ 140,226.64	
5	7/31/2018	$ -	$ 100,447.80			$ 57,040.36	$ 43,407.44		$ 140,226.64	
6	8/31/2018	$ 28,086.08	$ 128,533.88	$ 43,407.44	$ 43,407.44	$ 100,447.80	$ 28,086.08		$ 96,819.20	
7	9/30/2018	$ 14,662.00	$ 143,195.88	$ 28,086.08	$ 28,086.08	$ 128,533.88	$ 14,662.00		$ 68,733.12	
8	10/31/2018	$ 16,029.96	$ 159,225.84	$ 14,662.00	$ 14,662.00	$ 143,195.88	$ 16,029.96		$ 54,071.12	
9	11/30/2018	$ 16,156.44	$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
10	12/31/2018		$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	

d. reconcile YTD line on receivable log to total line on backup.



Receivable Log Backup 22656-2019.xlsx

	A	B	C	D	E	F	G	H	I	J	K	L
1	Comm. Cntrl f	324										
2	Budget Period = 2019											
3	Accounting Period from 1 to = 5											
5	Budget Period	Ledger	DeptID	Fund	SID	Project	Bud Ref	Period	EXPENDITURES	REVENUES	RECEIPTS	AWARDS
12	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA000000020752	2016	4	16,029.96			
13	2019	ARI	MHA53262	12060	22656	MHA000000020752	2016	4			14,662.00	
14	2019	BI	MHA53262	12060	22656	MHA000000020752	2016	4		14,662.00		
15	2019	KK_PRJ1_EX	MHA53100	12060	22656	MHA000000020752	2016	5	16,156.44			
16							2016 Total		74,934.48	86,155.52	86,155.52	-
17	2019	KK_PRJ1_BD	MHA53100	12060	22656	MHA000000020752	2017	4				197,843.00
18							2017 Total		-	-	-	197,843.00

sheet1

HUD Receivable Log-2019.xlsx

	A	B	C	D	E	F	G	H	I	J
1	FY 2019									
2	Accounting Period	Monthly Expenditures	Cumulative Expenditures	Cumulative Recognized Revenue	Grant Drawdown Amount	Cumulative Collected Revenue	Current Receivable	Cumulative Grant Award	Award Balance	
3	7/1/2018		$ 100,447.80	$ 57,040.36		$ 57,040.36	$ 43,407.44	$ 197,267.00	$ 140,226.64	$ 96,819.20
4	999		$ 100,447.80			$ 57,040.36	$ 43,407.44		$ 140,226.64	
5	7/31/2018	$ -	$ 100,447.80			$ 57,040.36	$ 43,407.44		$ 140,226.64	
6	8/31/2018	$ 28,086.08	$ 128,533.88	$ 43,407.44	$ 43,407.44	$ 100,447.80	$ 28,086.08		$ 96,819.20	
7	9/30/2018	$ 14,662.00	$ 143,195.88	$ 28,086.08	$ 28,086.08	$ 128,533.88	$ 14,662.00		$ 68,733.12	
8	10/31/2018	$ 16,029.96	$ 159,225.84	$ 14,662.00	$ 14,662.00	$ 143,195.88	$ 16,029.96		$ 54,071.12	
9	11/30/2018	$ 16,156.44	$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
10	12/31/2018		$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
11	1/31/2019		$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
12	2/28/2019		$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
13	3/31/2019		$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
14	4/30/2019		$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
15	5/31/2015		$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
16	6/30/2019		$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
17	998		$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
18			$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
19			$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
20			$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
21			$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
22			$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
23			$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
24			$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
25			$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
26			$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
27			$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
28			$ 175,382.28			$ 143,195.88	$ 32,186.40		$ 54,071.12	
29			$ 175,382.28	$ 143,195.88		$ 143,195.88	$ 32,186.40	$ 197,267.00		$ 21,884.72
30	YTD	$ 74,934.48		$ 86,155.52	$ 86,155.52			$ -		

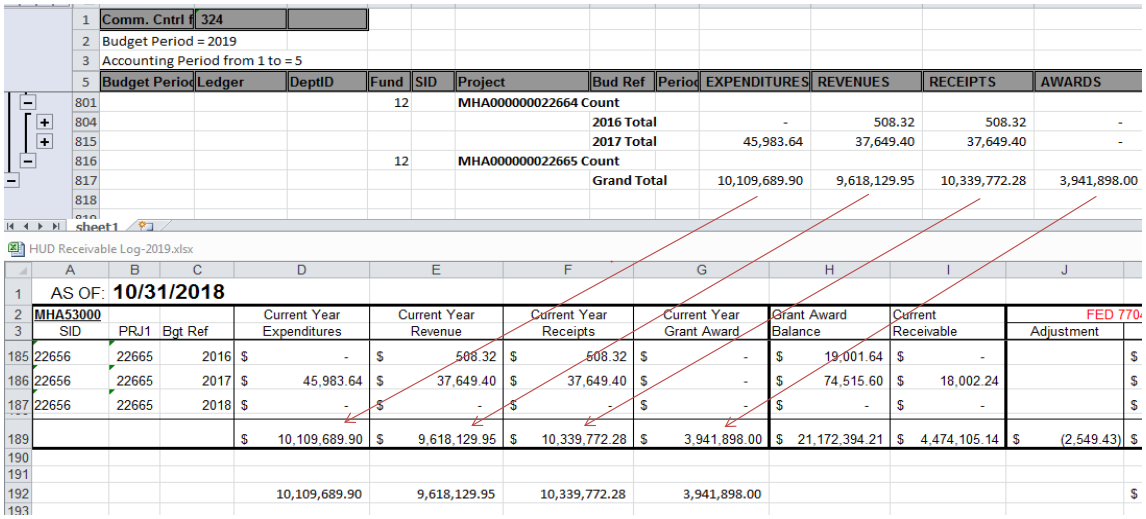
Trial Balance | Trial Balance-22656 | 20865-2003 | 22656-20752-2016 | 22656-20752-2017 | 22656-20856-2016 | 22656-20856-2017 | 22656-20856-2018

repeat for all tabs on the receivable log

7. Double check grand total on receivable log backup 22656-2019 to total on Trial Balance-22656 tab

Receivable Log Backup 22656-2019.xlsx

1 2 3 4	A	B	C	D	E	F	G	H	I	J	K	L



1	Comm. Cntrl f	324										
2	Budget Period = 2019											
3	Accounting Period from 1 to = 5											
5	Budget Perio	Ledger	DeptID	Fund	SID	Project	Bud Ref	Perio	EXPENDITURES	REVENUES	RECEIPTS	AWARDS
801				12		MHA000000022664	Count					
804							2016 Total		-	508.32	508.32	-
815							2017 Total		45,983.64	37,649.40	37,649.40	-
816				12		MHA000000022665	Count					
817							Grand Total		10,109,689.90	9,618,129.95	10,339,772.28	3,941,898.00
818												

sheet1

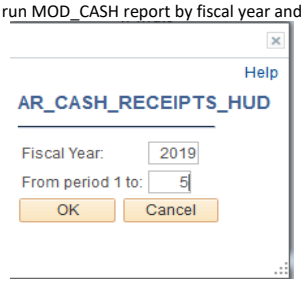
HUD Receivable Log-2019.xlsx

	A	B	C	D	E	F	G	H	I	J	
1	AS OF: **10/31/2018**										
2	MHA53000			Current Year	Current Year	Current Year	Current Year	Grant Award	Current	FED 770	
3	SID	PRJ1	Bgt Ref	Expenditures	Revenue	Receipts	Grant Award	Balance	Receivable	Adjustment	
185	22656	22665	2016	$ -	$ 508.32	$ 508.32	$ -	$ 19,001.64	$ -		$
186	22656	22665	2017	$ 45,983.64	$ 37,649.40	$ 37,649.40	$ -	$ 74,515.60	$ 18,002.24		$
187	22656	22665	2018	$ -	$ -	$ -	$ -	$ -	$ -		$
189				$ 10,109,689.90	$ 9,618,129.95	$ 10,339,772.28	$ 3,941,898.00	$ 21,172,394.21	$ 4,474,105.14	$ (2,549.43)	$
190											
191											
192				10,109,689.90	9,618,129.95	10,339,772.28	3,941,898.00				$
193											

B. Run MOD_CASH report in CORE-EPM

Go to CORE-CT EPM > Reporting Tools > Query > Schedule query and run AR_CASH_RECEIPTS_HUD

1. run MOD_CASH report by fiscal year and month to date.

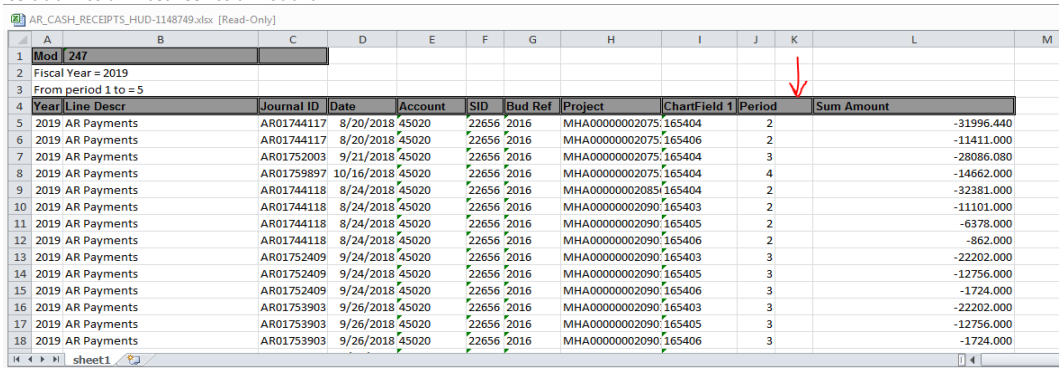


Run this to capture latest draws which could hit in the next month

a. Open report in excel

b. open AR__Cash_receipts_HUD 2019 in excel as well. Allow both files to show at the same time.

2. Insert blank column between columns J and K

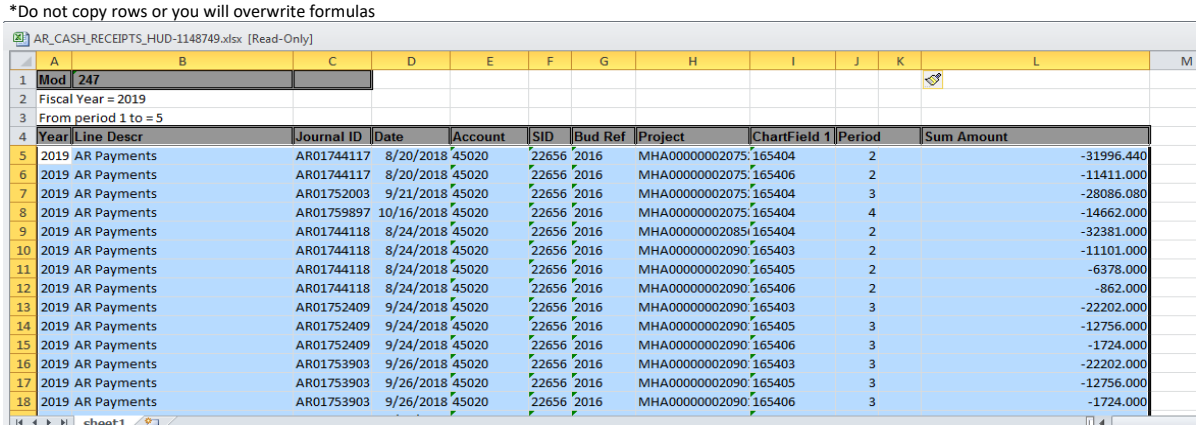


AR_CASH_RECEIPTS_HUD-1148749.xlsx [Read-Only]

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Mod	247											
2	Fiscal Year = 2019												
3	From period 1 to = 5												
4	Year	Line Descr	Journal ID	Date	Account	SID	Bud Ref	Project	ChartField 1	Period		Sum Amount	
5	2019	AR Payments	AR01744117	8/20/2018	45020	22656	2016	MHA00000002075	165404	2		-31996.440	
6	2019	AR Payments	AR01744117	8/20/2018	45020	22656	2016	MHA00000002075	165406	2		-11411.000	
7	2019	AR Payments	AR01752003	9/21/2018	45020	22656	2016	MHA00000002075	165404	3		-28086.080	
8	2019	AR Payments	AR01759897	10/16/2018	45020	22656	2016	MHA00000002075	165404	4		-14662.000	
9	2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA00000002085	165404	2		-32381.000	
10	2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA00000002090	165403	2		-11101.000	
11	2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA00000002090	165405	2		-6378.000	
12	2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA00000002090	165406	2		-862.000	
13	2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA00000002090	165403	3		-22202.000	
14	2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA00000002090	165405	3		-12756.000	
15	2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA00000002090	165406	3		-1724.000	
16	2019	AR Payments	AR01753903	9/26/2018	45020	22656	2016	MHA00000002090	165403	3		-22202.000	
17	2019	AR Payments	AR01753903	9/26/2018	45020	22656	2016	MHA00000002090	165405	3		-12756.000	
18	2019	AR Payments	AR01753903	9/26/2018	45020	22656	2016	MHA00000002090	165406	3		-1724.000	

3. Copy all lines of data from Row 5 down to end on the EPM report.

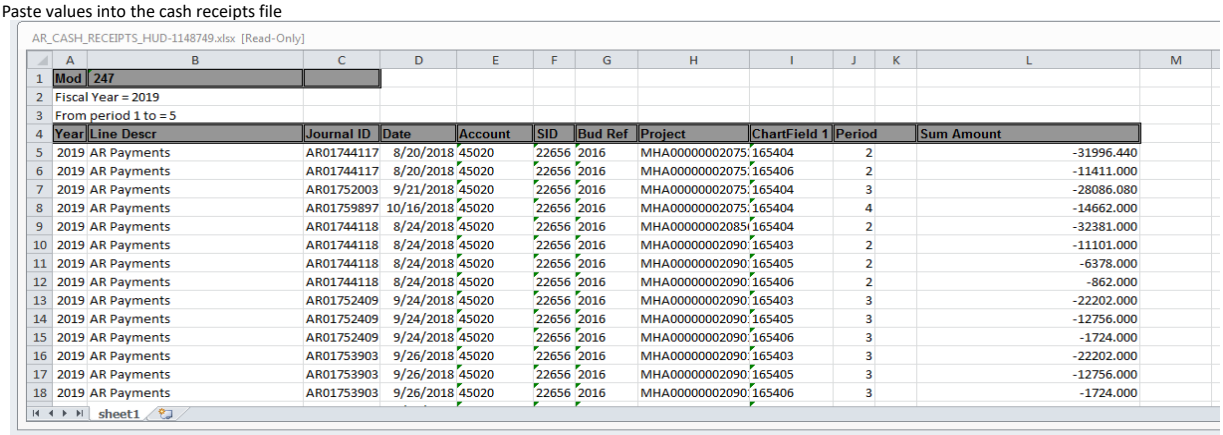
*Do not copy rows or you will overwrite formulas



AR_CASH_RECEIPTS_HUD-1148749.xlsx [Read-Only]

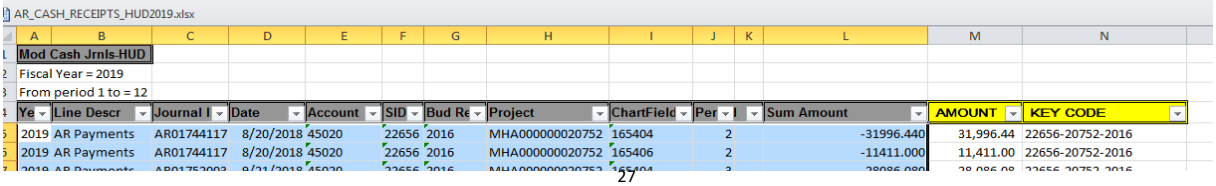
	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Mod	247											
2	Fiscal Year = 2019												
3	From period 1 to = 5												
4	Year	Line Descr	Journal ID	Date	Account	SID	Bud Ref	Project	ChartField 1	Period		Sum Amount	
5	2019	AR Payments	AR01744117	8/20/2018	45020	22656	2016	MHA00000002075	165404	2		-31996.440	
6	2019	AR Payments	AR01744117	8/20/2018	45020	22656	2016	MHA00000002075	165406	2		-11411.000	
7	2019	AR Payments	AR01752003	9/21/2018	45020	22656	2016	MHA00000002075	165404	3		-28086.080	
8	2019	AR Payments	AR01759897	10/16/2018	45020	22656	2016	MHA00000002075	165404	4		-14662.000	
9	2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA00000002085	165404	2		-32381.000	
10	2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA00000002090	165403	2		-11101.000	
11	2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA00000002090	165405	2		-6378.000	
12	2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA00000002090	165406	2		-862.000	
13	2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA00000002090	165403	3		-22202.000	
14	2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA00000002090	165405	3		-12756.000	
15	2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA00000002090	165406	3		-1724.000	
16	2019	AR Payments	AR01753903	9/26/2018	45020	22656	2016	MHA00000002090	165403	3		-22202.000	
17	2019	AR Payments	AR01753903	9/26/2018	45020	22656	2016	MHA00000002090	165405	3		-12756.000	
18	2019	AR Payments	AR01753903	9/26/2018	45020	22656	2016	MHA00000002090	165406	3		-1724.000	

4. Paste values into the cash receipts file



AR_CASH_RECEIPTS_HUD-1148749.xlsx [Read-Only]

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Mod	247											
2	Fiscal Year = 2019												
3	From period 1 to = 5												
4	Year	Line Descr	Journal ID	Date	Account	SID	Bud Ref	Project	ChartField 1	Period		Sum Amount	
5	2019	AR Payments	AR01744117	8/20/2018	45020	22656	2016	MHA00000002075	165404	2		-31996.440	
6	2019	AR Payments	AR01744117	8/20/2018	45020	22656	2016	MHA00000002075	165406	2		-11411.000	
7	2019	AR Payments	AR01752003	9/21/2018	45020	22656	2016	MHA00000002075	165404	3		-28086.080	
8	2019	AR Payments	AR01759897	10/16/2018	45020	22656	2016	MHA00000002075	165404	4		-14662.000	
9	2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA00000002085	165404	2		-32381.000	
10	2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA00000002090	165403	2		-11101.000	
11	2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA00000002090	165405	2		-6378.000	
12	2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA00000002090	165406	2		-862.000	
13	2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA00000002090	165403	3		-22202.000	
14	2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA00000002090	165405	3		-12756.000	
15	2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA00000002090	165406	3		-1724.000	
16	2019	AR Payments	AR01753903	9/26/2018	45020	22656	2016	MHA00000002090	165403	3		-22202.000	
17	2019	AR Payments	AR01753903	9/26/2018	45020	22656	2016	MHA00000002090	165405	3		-12756.000	
18	2019	AR Payments	AR01753903	9/26/2018	45020	22656	2016	MHA00000002090	165406	3		-1724.000	

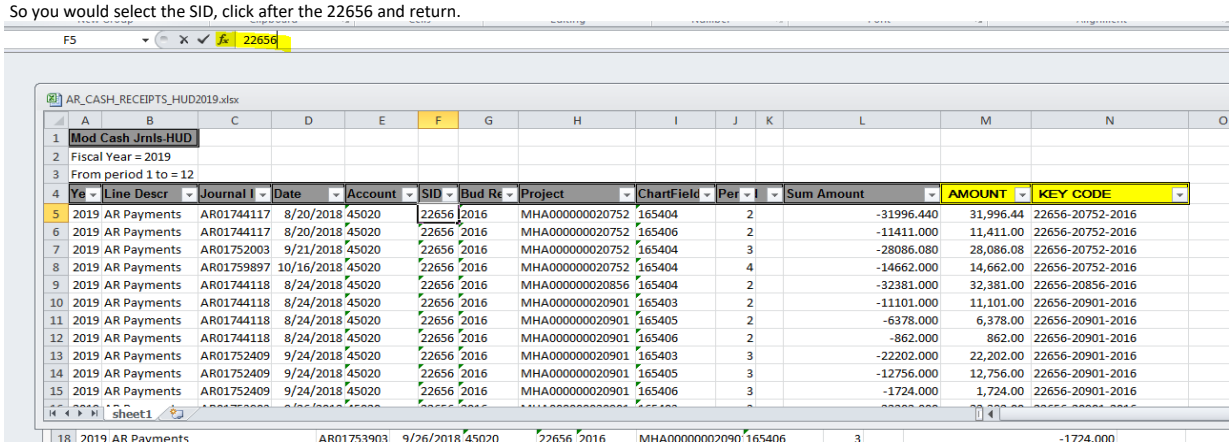


AR_CASH_RECEIPTS_HUD2019.xlsx

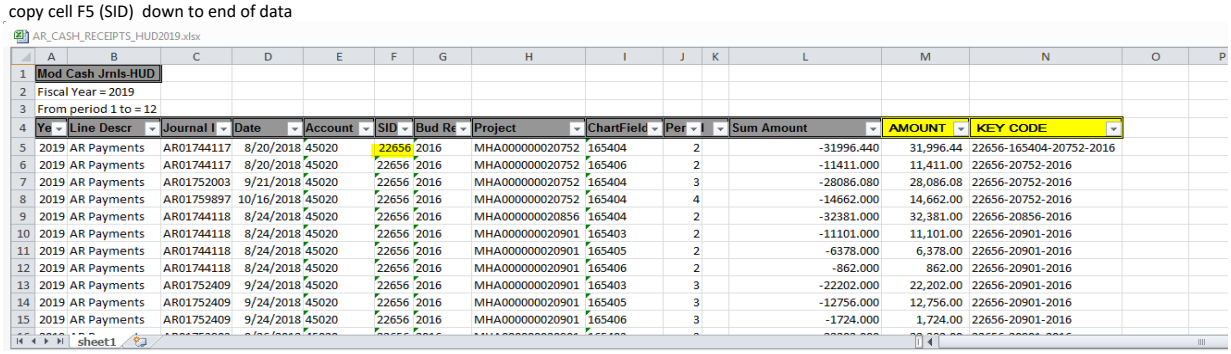
	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Mod Cash Jrnls-HUD													
2	Fiscal Year = 2019													
3	From period 1 to = 12													
4	Ye	Line Descr	Journal I	Date	Account	SID	Bud Re	Project	ChartField	Per	I	Sum Amount	AMOUNT	KEY CODE
5	2019	AR Payments	AR01744117	8/20/2018	45020	22656	2016	MHA000000020752	165404	2		-31996.440	31,996.44	22656-20752-2016
6	2019	AR Payments	AR01744117	8/20/2018	45020	22656	2016	MHA000000020752	165406	2		-11411.000	11,411.00	22656-20752-2016

2019	AR Payments	AR01752003	9/21/2018	45020	22656	2016	MHA000000020752	165404	3	-28086.080	28,086.08	22656-20752-2016
2019	AR Payments	AR01759897	10/16/2018	45020	22656	2016	MHA000000020752	165404	4	-14662.000	14,662.00	22656-20752-2016
2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA000000020856	165404	2	-32381.000	32,381.00	22656-20856-2016
2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA000000020901	165403	2	-11101.000	11,101.00	22656-20901-2016
2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA000000020901	165405	2	-6378.000	6,378.00	22656-20901-2016
2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA000000020901	165406	2	-862.000	862.00	22656-20901-2016
2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA000000020901	165403	3	-22202.000	22,202.00	22656-20901-2016
2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA000000020901	165405	3	-12756.000	12,756.00	22656-20901-2016
2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA000000020901	165406	3	-1724.000	1,724.00	22656-20901-2016

* in this example, the key code did not copy all the data. It's not reading the SID so it won't pull chartfield 1
So you would select the SID, click after the 22656 and return.



copy cell F5 (SID) down to end of data



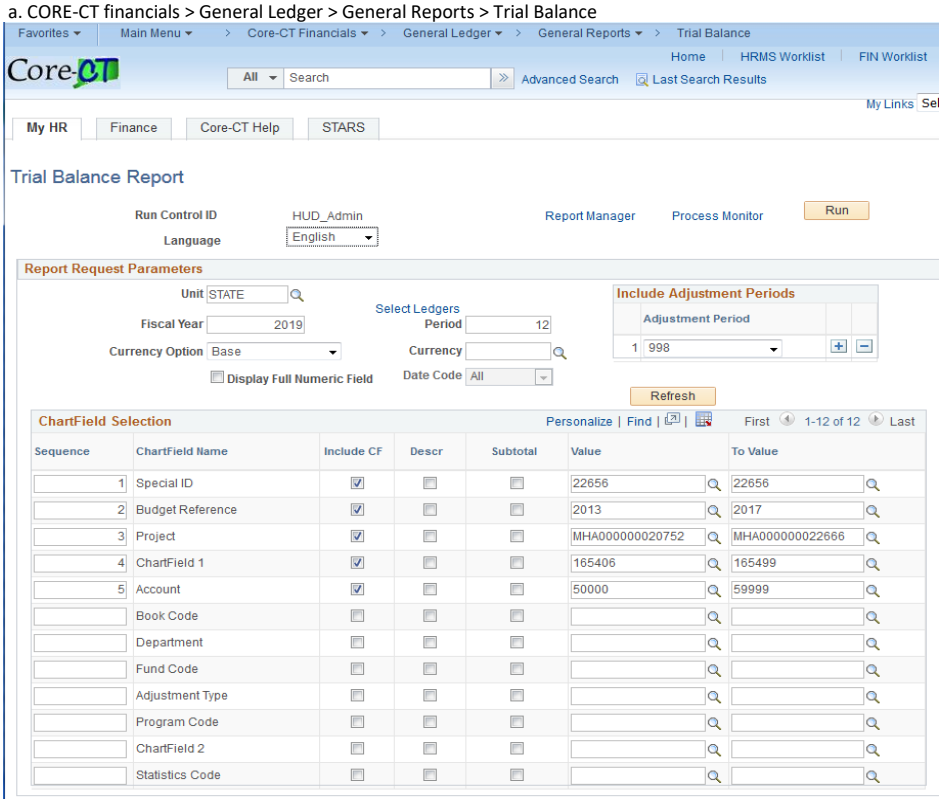
Ye	Line Descr	Journal I	Date	Account	SID	Bud Re	Project	ChartField	Per	Sum Amount	AMOUNT	KEY CODE
2019	AR Payments	AR01744117	8/20/2018	45020	22656	2016	MHA000000020752	165404	2	-31996.440	31,996.44	22656-165404-20752-2016
2019	AR Payments	AR01744117	8/20/2018	45020	22656	2016	MHA000000020752	165406	2	-11411.000	11,411.00	22656-20752-2016
2019	AR Payments	AR01752003	9/21/2018	45020	22656	2016	MHA000000020752	165404	3	-28086.080	28,086.08	22656-20752-2016
2019	AR Payments	AR01759897	10/16/2018	45020	22656	2016	MHA000000020752	165404	4	-14662.000	14,662.00	22656-20752-2016
2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA000000020856	165404	2	-32381.000	32,381.00	22656-20856-2016
2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA000000020901	165403	2	-11101.000	11,101.00	22656-20901-2016
2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA000000020901	165405	2	-6378.000	6,378.00	22656-20901-2016
2019	AR Payments	AR01744118	8/24/2018	45020	22656	2016	MHA000000020901	165406	2	-862.000	862.00	22656-20901-2016
2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA000000020901	165403	3	-22202.000	22,202.00	22656-20901-2016
2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA000000020901	165405	3	-12756.000	12,756.00	22656-20901-2016
2019	AR Payments	AR01752409	9/24/2018	45020	22656	2016	MHA000000020901	165406	3	-1724.000	1,724.00	22656-20901-2016

5. Save and close. You don't need to keep the EPM report.

C. Run HUD Admin charges in CORE-TRIAL BALANCE

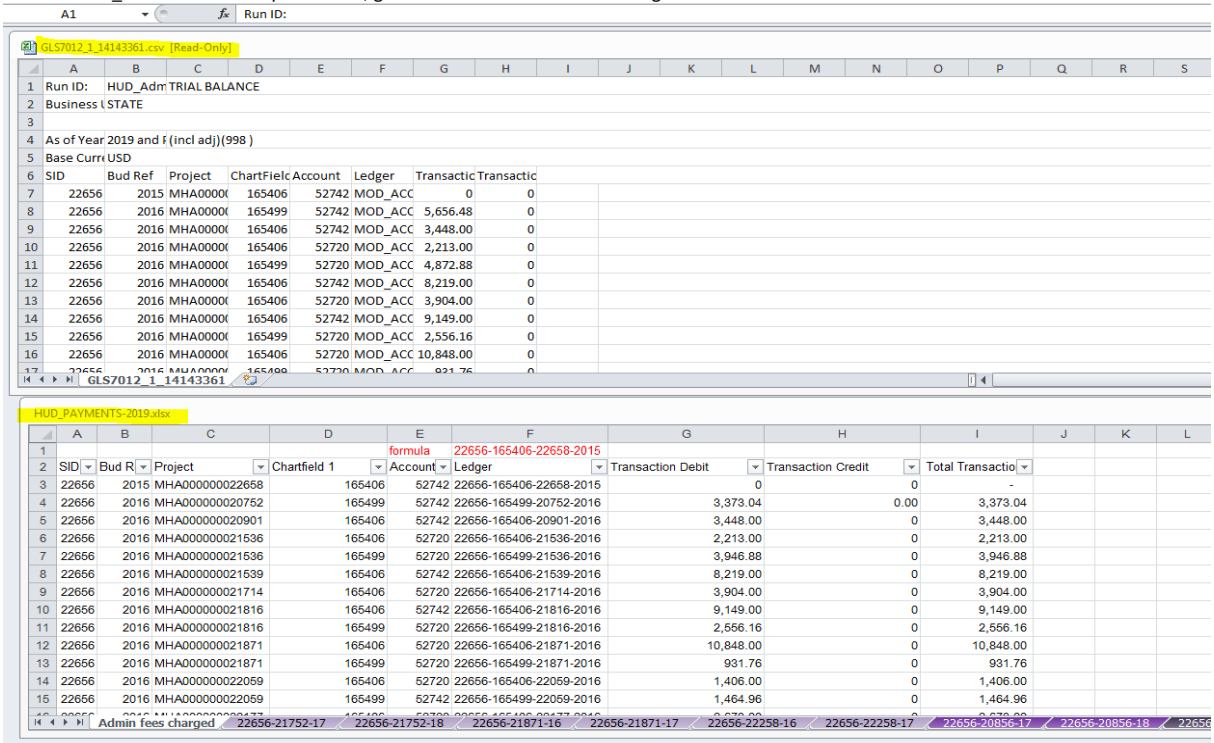
1. Go to trial balance and run the report

a. CORE-CT financials > General Ledger > General Reports > Trial Balance



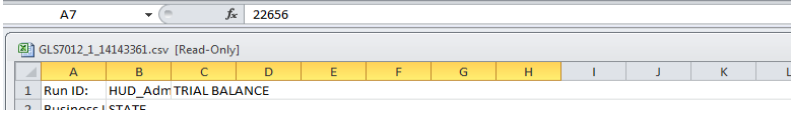
2. Open the report in excel and open HUD_PAYMENTS 2019.xlsx as well. Show both in the same excel

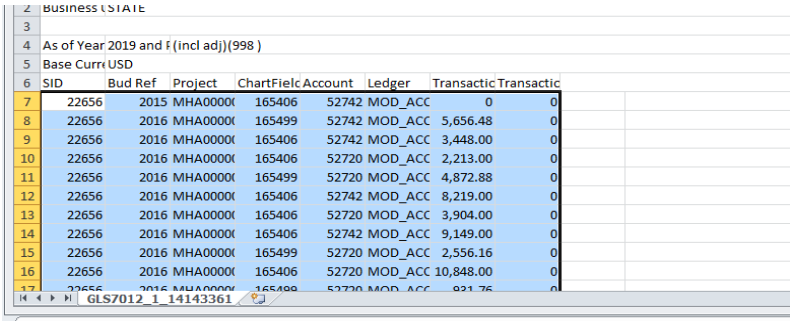
* In the HUD_PAYMENTS 2019 spreadsheet, go to the first tab Admin fees charged.



3. Select the data lines on the Trial balance report and paste it to the HUD_PAYMENT Report

a. go to the Trial balance report select just the data



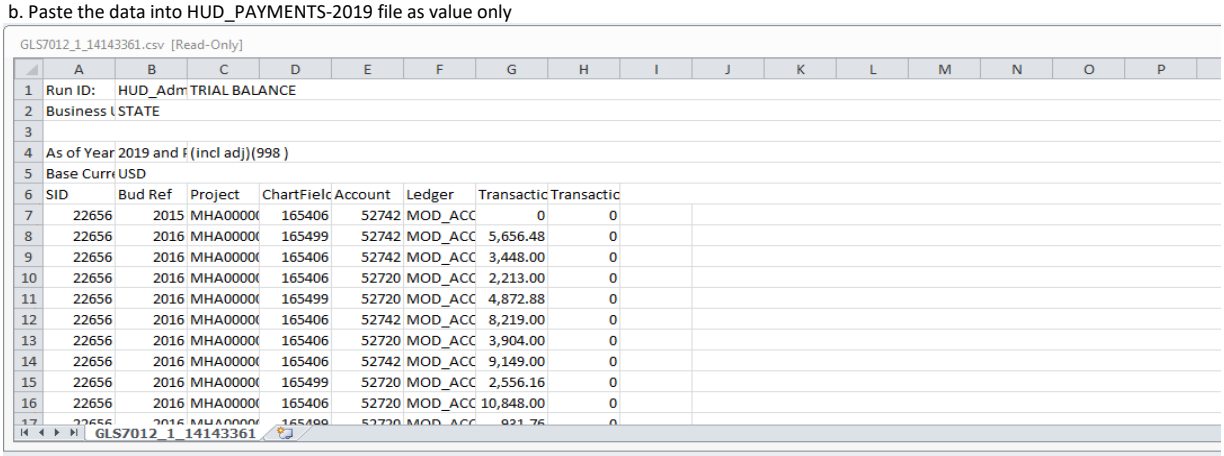


2	Business U	STATE					
3							
4	As of Year	2019 and F	(incl adj)(998)				
5	Base Curre	USD					
6	SID	Bud Ref	Project	ChartFieldc	Account	Ledger	Transactic	Transactic
7	22656	2015	MHA0000(	165406	52742	MOD_ACC	0	0
8	22656	2016	MHA0000(	165499	52742	MOD_ACC	5,656.48	0
9	22656	2016	MHA0000(	165406	52742	MOD_ACC	3,448.00	0
10	22656	2016	MHA0000(	165406	52720	MOD_ACC	2,213.00	0
11	22656	2016	MHA0000(	165499	52720	MOD_ACC	4,872.88	0
12	22656	2016	MHA0000(	165406	52742	MOD_ACC	8,219.00	0
13	22656	2016	MHA0000(	165406	52720	MOD_ACC	3,904.00	0
14	22656	2016	MHA0000(	165406	52742	MOD_ACC	9,149.00	0
15	22656	2016	MHA0000(	165499	52720	MOD_ACC	2,556.16	0
16	22656	2016	MHA0000(	165406	52720	MOD_ACC	10,848.00	0
17	22656	2016	MHA0000(	165499	52720	MOD_ACC	931.76	0

GLS7012_1_14143361

*Notice I haven't selected rows only the straight data

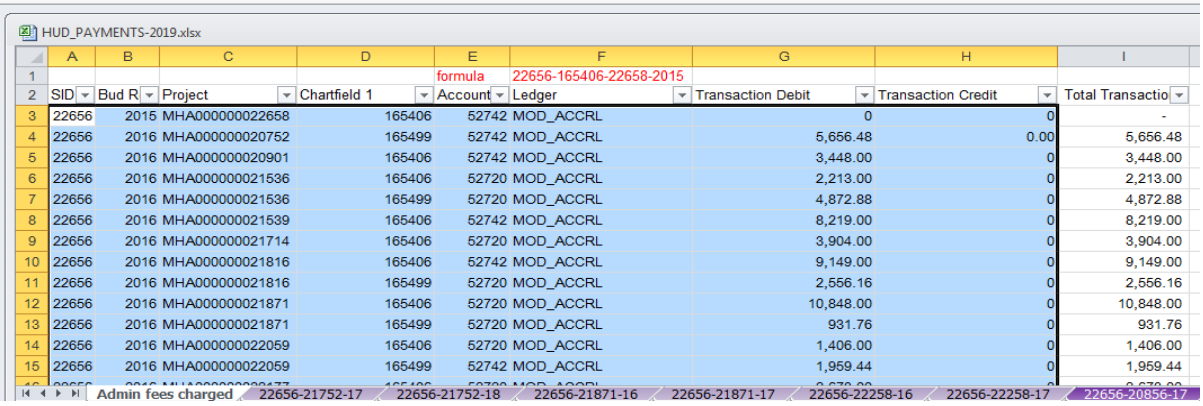
b. Paste the data into HUD_PAYMENTS-2019 file as value only



GLS7012_1_14143361.csv [Read-Only]

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Run ID:	HUD_Adm	TRIAL BALANCE													
2	Business U	STATE														
3																
4	As of Year	2019 and F	(incl adj)(998)													
5	Base Curre	USD														
6	SID	Bud Ref	Project	ChartFieldc	Account	Ledger	Transactic	Transactic								
7	22656	2015	MHA0000(	165406	52742	MOD_ACC	0	0								
8	22656	2016	MHA0000(	165499	52742	MOD_ACC	5,656.48	0								
9	22656	2016	MHA0000(	165406	52742	MOD_ACC	3,448.00	0								
10	22656	2016	MHA0000(	165406	52720	MOD_ACC	2,213.00	0								
11	22656	2016	MHA0000(	165499	52720	MOD_ACC	4,872.88	0								
12	22656	2016	MHA0000(	165406	52742	MOD_ACC	8,219.00	0								
13	22656	2016	MHA0000(	165406	52720	MOD_ACC	3,904.00	0								
14	22656	2016	MHA0000(	165406	52742	MOD_ACC	9,149.00	0								
15	22656	2016	MHA0000(	165499	52720	MOD_ACC	2,556.16	0								
16	22656	2016	MHA0000(	165406	52720	MOD_ACC	10,848.00	0								
17	22656	2016	MHA0000(	165499	52720	MOD_ACC	931.76	0								

GLS7012_1_14143361

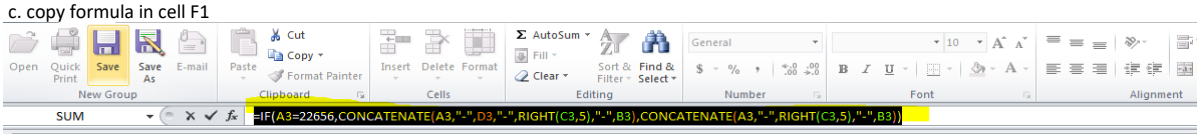


HUD_PAYMENTS-2019.xlsx

	A	B	C	D	E	F	G	H	I
1					formula	22656-165406-22658-2015			
2	SID	Bud R	Project	Chartfield 1	Account	Ledger	Transaction Debit	Transaction Credit	Total Transactio
3	22656	2015	MHA000000022658	165406	52742	MOD_ACCRL	0	0	-
4	22656	2016	MHA000000020752	165499	52742	MOD_ACCRL	5,656.48	0.00	5,656.48
5	22656	2016	MHA000000020901	165406	52742	MOD_ACCRL	3,448.00	0	3,448.00
6	22656	2016	MHA000000021536	165406	52720	MOD_ACCRL	2,213.00	0	2,213.00
7	22656	2016	MHA000000021536	165499	52720	MOD_ACCRL	4,872.88	0	4,872.88
8	22656	2016	MHA000000021539	165406	52742	MOD_ACCRL	8,219.00	0	8,219.00
9	22656	2016	MHA000000021714	165406	52720	MOD_ACCRL	3,904.00	0	3,904.00
10	22656	2016	MHA000000021816	165406	52742	MOD_ACCRL	9,149.00	0	9,149.00
11	22656	2016	MHA000000021816	165499	52720	MOD_ACCRL	2,556.16	0	2,556.16
12	22656	2016	MHA000000021871	165406	52720	MOD_ACCRL	10,848.00	0	10,848.00
13	22656	2016	MHA000000021871	165499	52720	MOD_ACCRL	931.76	0	931.76
14	22656	2016	MHA000000022059	165406	52720	MOD_ACCRL	1,406.00	0	1,406.00
15	22656	2016	MHA000000022059	165499	52742	MOD_ACCRL	1,959.44	0	1,959.44

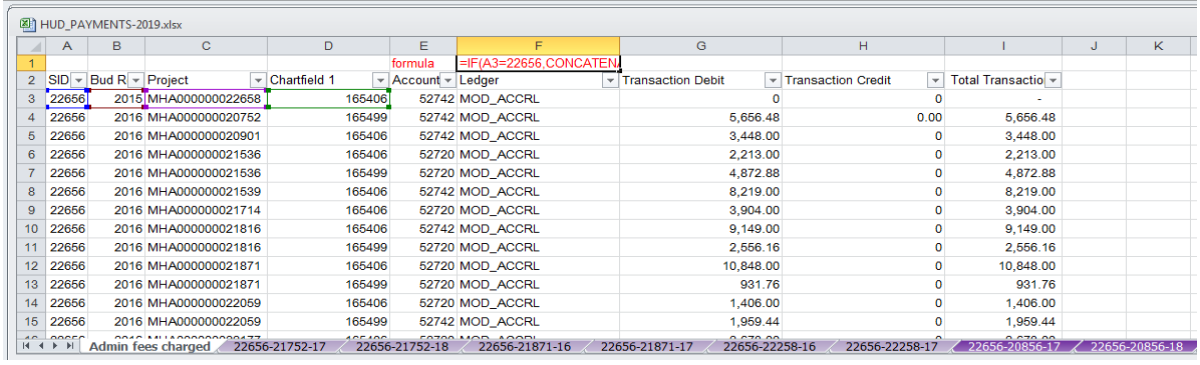
Admin fees charged | 22656-21752-17 | 22656-21752-18 | 22656-21871-16 | 22656-21871-17 | 22656-22258-16 | 22656-22258-17 | 22656-20856-17

c. copy formula in cell F1



Open | Quick Print | Save | Save As | E-mail | New Group | Paste | Cut | Copy | Format Painter | Clipboard | Insert | Delete | Format | Cells | AutoSum | Fill | Clear | Sort & Filter | Find & Select | Editing | General | Number | Font | Alignment

SUM | =IF(A3=22656,CONCATENATE(A3,"-",D3,"-",RIGHT(C3,5),"-",B3),CONCATENATE(A3,"-",RIGHT(C3,5),"-",B3))

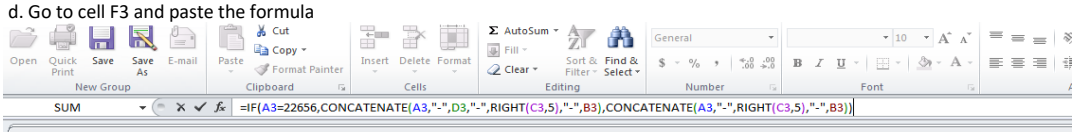


HUD_PAYMENTS-2019.xlsx

	A	B	C	D	E	F	G	H	I	J	K
1					formula	=IF(A3=22656,CONCATEN					
2	SID	Bud R	Project	Chartfield 1	Account	Ledger	Transaction Debit	Transaction Credit	Total Transactio		
3	22656	2015	MHA000000022658	165406	52742	MOD_ACCRL	0	0	-		
4	22656	2016	MHA000000020752	165499	52742	MOD_ACCRL	5,656.48	0.00	5,656.48		
5	22656	2016	MHA000000020901	165406	52742	MOD_ACCRL	3,448.00	0	3,448.00		
6	22656	2016	MHA000000021536	165406	52720	MOD_ACCRL	2,213.00	0	2,213.00		
7	22656	2016	MHA000000021536	165499	52720	MOD_ACCRL	4,872.88	0	4,872.88		
8	22656	2016	MHA000000021539	165406	52742	MOD_ACCRL	8,219.00	0	8,219.00		
9	22656	2016	MHA000000021714	165406	52720	MOD_ACCRL	3,904.00	0	3,904.00		
10	22656	2016	MHA000000021816	165406	52742	MOD_ACCRL	9,149.00	0	9,149.00		
11	22656	2016	MHA000000021816	165499	52720	MOD_ACCRL	2,556.16	0	2,556.16		
12	22656	2016	MHA000000021871	165406	52720	MOD_ACCRL	10,848.00	0	10,848.00		
13	22656	2016	MHA000000021871	165499	52720	MOD_ACCRL	931.76	0	931.76		
14	22656	2016	MHA000000022059	165406	52720	MOD_ACCRL	1,406.00	0	1,406.00		
15	22656	2016	MHA000000022059	165499	52742	MOD_ACCRL	1,959.44	0	1,959.44		

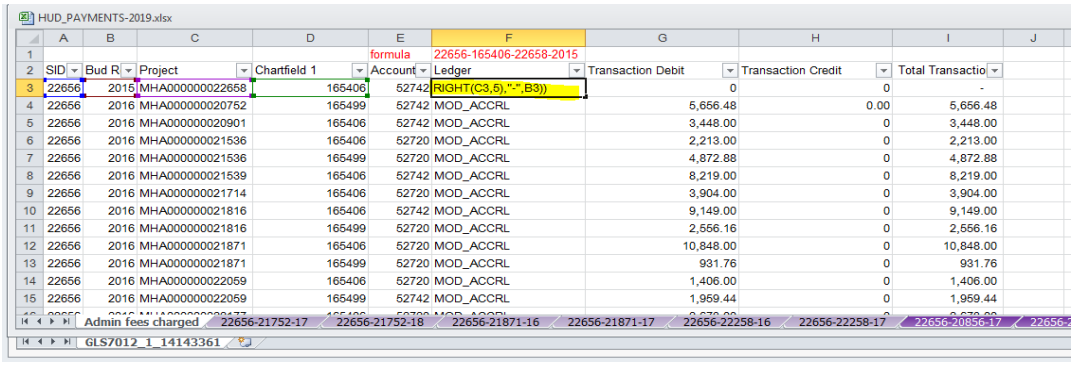
Admin fees charged | 22656-21752-17 | 22656-21752-18 | 22656-21871-16 | 22656-21871-17 | 22656-22258-16 | 22656-22258-17 | 22656-20856-17 | 22656-20856-18

d. Go to cell F3 and paste the formula



Open | Quick Print | Save | Save As | E-mail | New Group | Paste | Cut | Copy | Format Painter | Clipboard | Insert | Delete | Format | Cells | AutoSum | Fill | Clear | Sort & Filter | Find & Select | Editing | General | Number | Font

SUM | =IF(A3=22656,CONCATENATE(A3,"-",D3,"-",RIGHT(C3,5),"-",B3),CONCATENATE(A3,"-",RIGHT(C3,5),"-",B3))



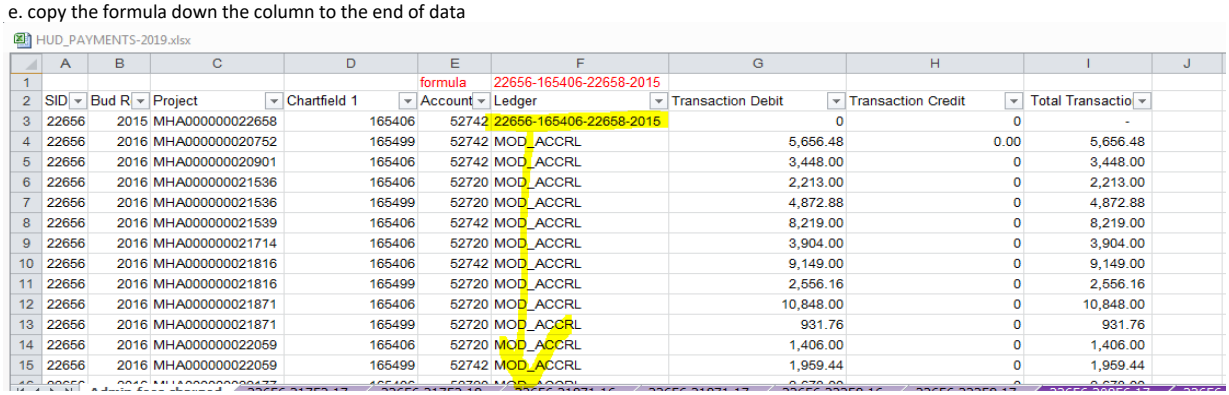
HUD_PAYMENTS-2019.xlsx

	A	B	C	D	E	F	G	H	I	J
1					formula	22656-165406-22658-2015				
2	SID	Bud R	Project	Chartfield 1	Account	Ledger	Transaction Debit	Transaction Credit	Total Transactio	
3	22656	2015	MHA000000022658	165406	52742	RIGHT(C3,5),"-",B3))	0	0	-	
4	22656	2016	MHA000000020752	165499	52742	MOD_ACCRL	5,656.48	0.00	5,656.48	
5	22656	2016	MHA000000020901	165406	52742	MOD_ACCRL	3,448.00	0	3,448.00	
6	22656	2016	MHA000000021536	165406	52720	MOD_ACCRL	2,213.00	0	2,213.00	
7	22656	2016	MHA000000021536	165499	52720	MOD_ACCRL	4,872.88	0	4,872.88	
8	22656	2016	MHA000000021539	165406	52742	MOD_ACCRL	8,219.00	0	8,219.00	
9	22656	2016	MHA000000021714	165406	52720	MOD_ACCRL	3,904.00	0	3,904.00	
10	22656	2016	MHA000000021816	165406	52742	MOD_ACCRL	9,149.00	0	9,149.00	
11	22656	2016	MHA000000021816	165499	52720	MOD_ACCRL	2,556.16	0	2,556.16	
12	22656	2016	MHA000000021871	165406	52720	MOD_ACCRL	10,848.00	0	10,848.00	
13	22656	2016	MHA000000021871	165499	52720	MOD_ACCRL	931.76	0	931.76	
14	22656	2016	MHA000000022059	165406	52720	MOD_ACCRL	1,406.00	0	1,406.00	
15	22656	2016	MHA000000022059	165499	52742	MOD_ACCRL	1,959.44	0	1,959.44	

Admin fees charged | 22656-21752-17 | 22656-21752-18 | 22656-21871-16 | 22656-21871-17 | 22656-22258-16 | 22656-22258-17

GLS7012_1_14143361

e. copy the formula down the column to the end of data



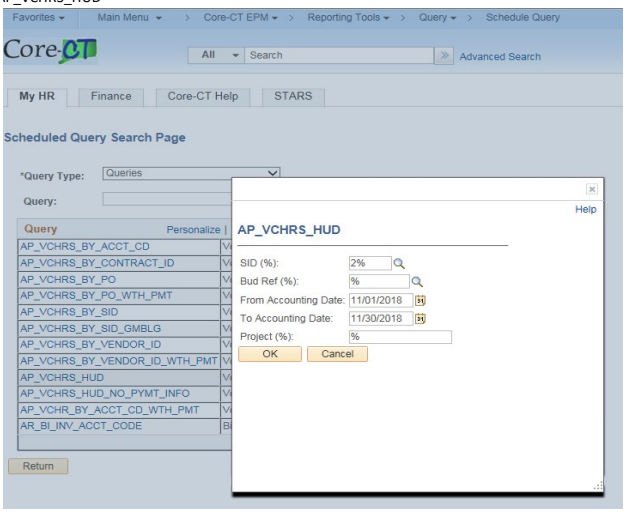
HUD_PAYMENTS-2019.xlsx

	A	B	C	D	E	F	G	H	I	J
1					formula	22656-165406-22658-2015				
2	SID	Bud R	Project	Chartfield 1	Account	Ledger	Transaction Debit	Transaction Credit	Total Transactio	
3	22656	2015	MHA000000022658	165406	52742	22656-165406-22658-2015	0	0	-	
4	22656	2016	MHA000000020752	165499	52742	MOD_ACCRL	5,656.48	0.00	5,656.48	
5	22656	2016	MHA000000020901	165406	52742	MOD_ACCRL	3,448.00	0	3,448.00	
6	22656	2016	MHA000000021536	165406	52720	MOD_ACCRL	2,213.00	0	2,213.00	
7	22656	2016	MHA000000021536	165499	52720	MOD_ACCRL	4,872.88	0	4,872.88	
8	22656	2016	MHA000000021539	165406	52742	MOD_ACCRL	8,219.00	0	8,219.00	
9	22656	2016	MHA000000021714	165406	52720	MOD_ACCRL	3,904.00	0	3,904.00	
10	22656	2016	MHA000000021816	165406	52742	MOD_ACCRL	9,149.00	0	9,149.00	
11	22656	2016	MHA000000021816	165499	52720	MOD_ACCRL	2,556.16	0	2,556.16	
12	22656	2016	MHA000000021871	165406	52720	MOD_ACCRL	10,848.00	0	10,848.00	
13	22656	2016	MHA000000021871	165499	52720	MOD_ACCRL	931.76	0	931.76	
14	22656	2016	MHA000000022059	165406	52720	MOD_ACCRL	1,406.00	0	1,406.00	
15	22656	2016	MHA000000022059	165499	52742	MOD_ACCRL	1,959.44	0	1,959.44	

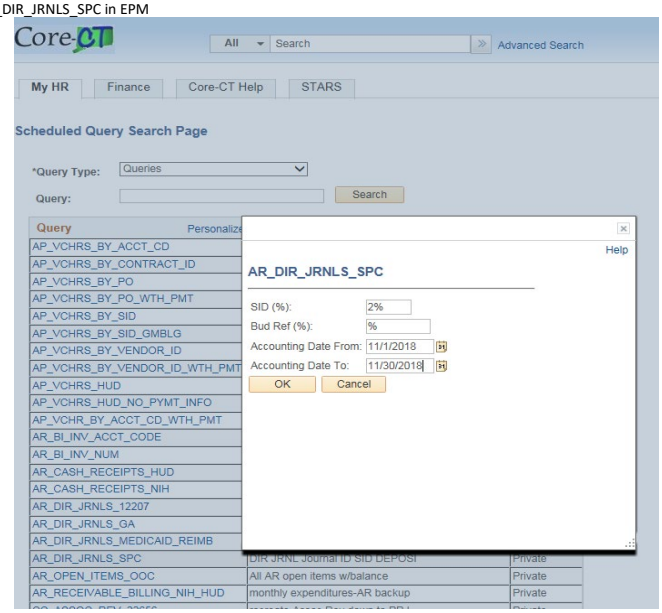
f. save HUD_PAYMENTS 2019 file.

D. PM

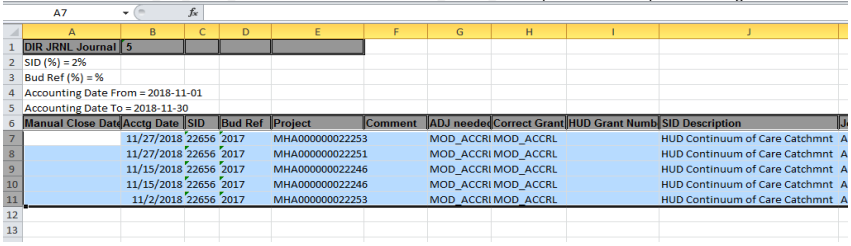
1. in Core, run EPM reports for the monthly register
   a. run AP_VCHRS_HUD



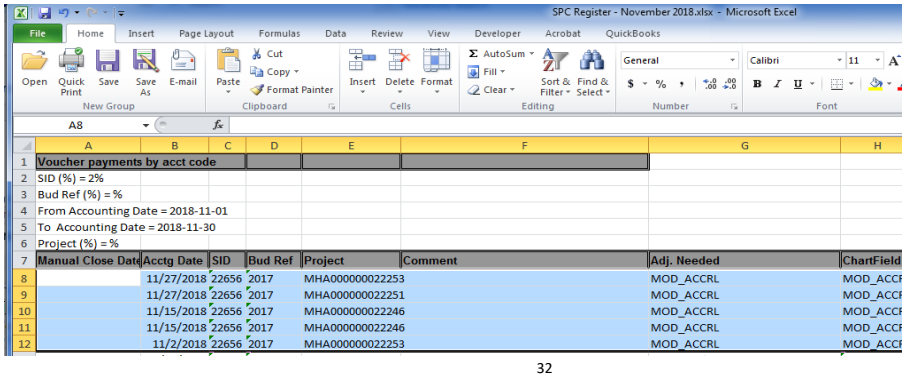
   b. Open the report in excel and save it as [SPC register - [month] [year].xlsx in
   T:\Accounting-Budget\HOUSING Program\Continuum of Care (Shelter Plus Care)\Federal-HUD\FY2019\Monthly Registers
   c. run AR_DIR_JRNLS_SPC in EPM



   d. Copy rows of data from the AR_DIR_JRNLS_SPC and insert them into the AP_VCHRS_HUD report. This will capture all changes to the trial balance for HUD.



	A	B	C	D	E	F	G	H	I	J
1	DIR JRNL Journal	5								
2	SID (%) = 2%									
3	Bud Ref (%) = %									
4	Accounting Date From = 2018-11-01									
5	Accounting Date To = 2018-11-30									
6	Manual Close Date	Acctg Date	SID	Bud Ref	Project	Comment	ADJ needed	Correct Grant	HUD Grant Numb	SID Description
7		11/27/2018	22656	2017	MHA000000022253		MOD_ACCRL	MOD_ACCRL		HUD Continuum of Care Catchmnt
8		11/27/2018	22656	2017	MHA000000022251		MOD_ACCRL	MOD_ACCRL		HUD Continuum of Care Catchmnt
9		11/15/2018	22656	2017	MHA000000022246		MOD_ACCRL	MOD_ACCRL		HUD Continuum of Care Catchmnt
10		11/15/2018	22656	2017	MHA000000022246		MOD_ACCRL	MOD_ACCRL		HUD Continuum of Care Catchmnt
11		11/2/2018	22656	2017	MHA000000022253		MOD_ACCRL	MOD_ACCRL		HUD Continuum of Care Catchmnt
12										
13										



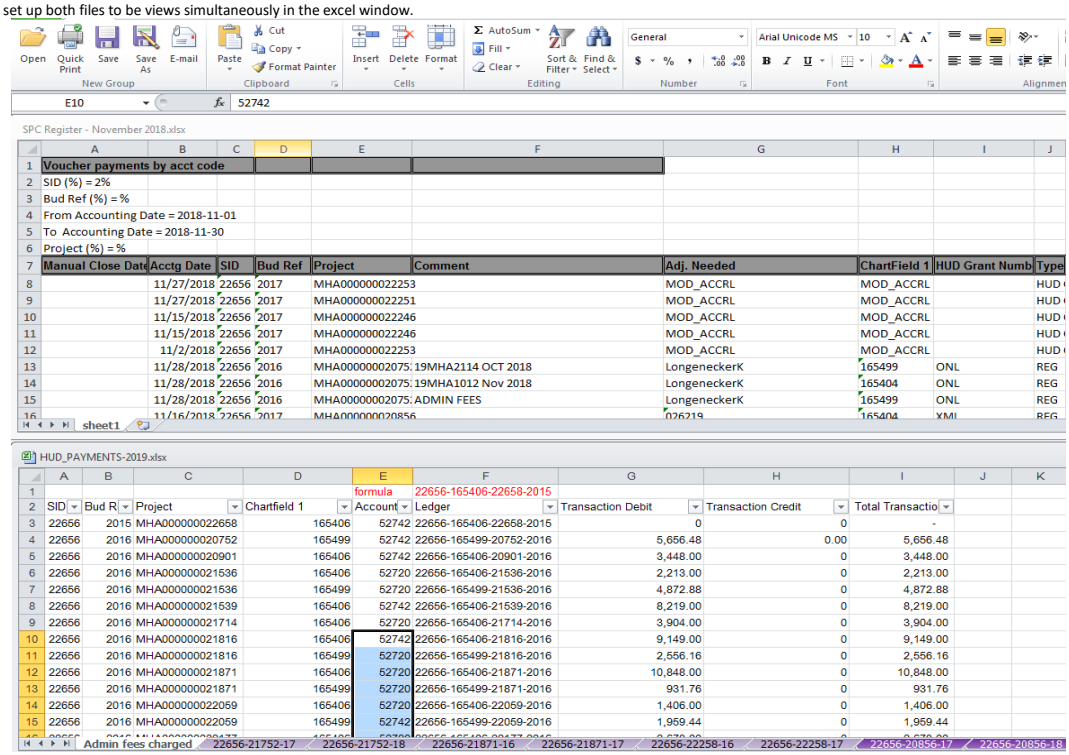
SPC Register - November 2018.xlsx - Microsoft Excel

	A	B	C	D	E	F	G	H
1	Voucher payments by acct code							
2	SID (%) = 2%							
3	Bud Ref (%) = %							
4	From Accounting Date = 2018-11-01							
5	To Accounting Date = 2018-11-30							
6	Project (%) = %							
7	Manual Close Date	Acctg Date	SID	Bud Ref	Project	Comment	Adj. Needed	ChartField
8		11/27/2018	22656	2017	MHA000000022253		MOD_ACCRL	MOD_ACCR
9		11/27/2018	22656	2017	MHA000000022251		MOD_ACCRL	MOD_ACCR
10		11/15/2018	22656	2017	MHA000000022246		MOD_ACCRL	MOD_ACCR
11		11/15/2018	22656	2017	MHA000000022246		MOD_ACCRL	MOD_ACCR
12		11/2/2018	22656	2017	MHA000000022253		MOD_ACCRL	MOD_ACCR

do not overwrite any data

13		11/28/2018	22656	2016	MHA00000002075: 19MHA2114 OCT 2018	LongeneckerK	165499
14		11/28/2018	22656	2016	MHA00000002075: 19MHA1012 Nov 2018	LongeneckerK	165404
15		11/28/2018	22656	2016	MHA00000002075: ADMIN FEES	LongeneckerK	165499
16		11/16/2018	22656	2017	MHA000000020856	026219	165404
17		11/16/2018	22656	2017	MHA000000020856	026219	165404
18		11/16/2018	22656	2017	MHA000000020856	026219	165404
19		11/16/2018	22656	2017	MHA000000020856	026219	165404

2. Open the HUD_PAYMENTS 2019.xlsx file and set up title bar
   T:\Accounting-Budget\HOUSING Program\Continuum of Care (Shelter Plus Care)\Federal-HUD\FY2019
   * set up both files to be views simultaneously in the excel window.



SPC Register - November 2018.xlsx

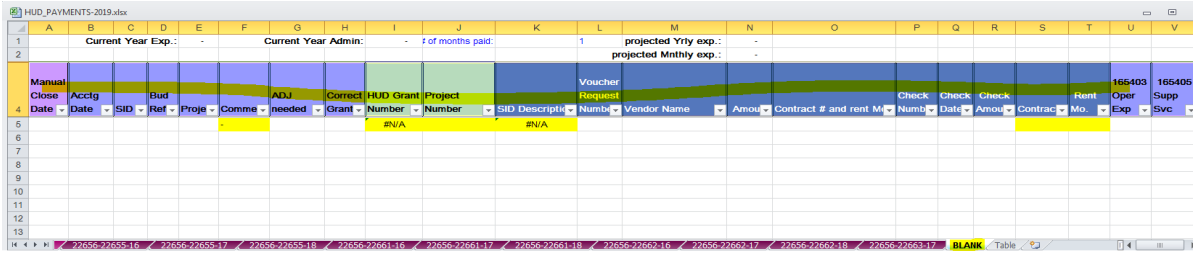
	A	B	C	D	E	F	G	H	I	J
1	Voucher payments by acct code									
2	SID (%) = 2%									
3	Bud Ref (%) = %									
4	From Accounting Date = 2018-11-01									
5	To Accounting Date = 2018-11-30									
6	Project (%) = %									
7	Manual Close Date	Acctg Date	SID	Bud Ref	Project	Comment	Adj. Needed	ChartField 1	HUD Grant Numb	Type
8		11/27/2018	22656	2017	MHA000000022253		MOD_ACCRL	MOD_ACCRL		HUD
9		11/27/2018	22656	2017	MHA000000022251		MOD_ACCRL	MOD_ACCRL		HUD
10		11/15/2018	22656	2017	MHA000000022246		MOD_ACCRL	MOD_ACCRL		HUD
11		11/15/2018	22656	2017	MHA000000022246		MOD_ACCRL	MOD_ACCRL		HUD
12		11/2/2018	22656	2017	MHA000000022253		MOD_ACCRL	MOD_ACCRL		HUD
13		11/28/2018	22656	2016	MHA00000002075: 19MHA2114 OCT 2018		LongeneckerK	165499	ONL	REG
14		11/28/2018	22656	2016	MHA00000002075: 19MHA1012 Nov 2018		LongeneckerK	165404	ONL	REG
15		11/28/2018	22656	2016	MHA00000002075: ADMIN FEES		LongeneckerK	165499	ONL	REG
16		11/16/2018	22656	2017	MHA000000020856		026219	165404	XML	REG

HUD_PAYMENTS-2019.xlsx

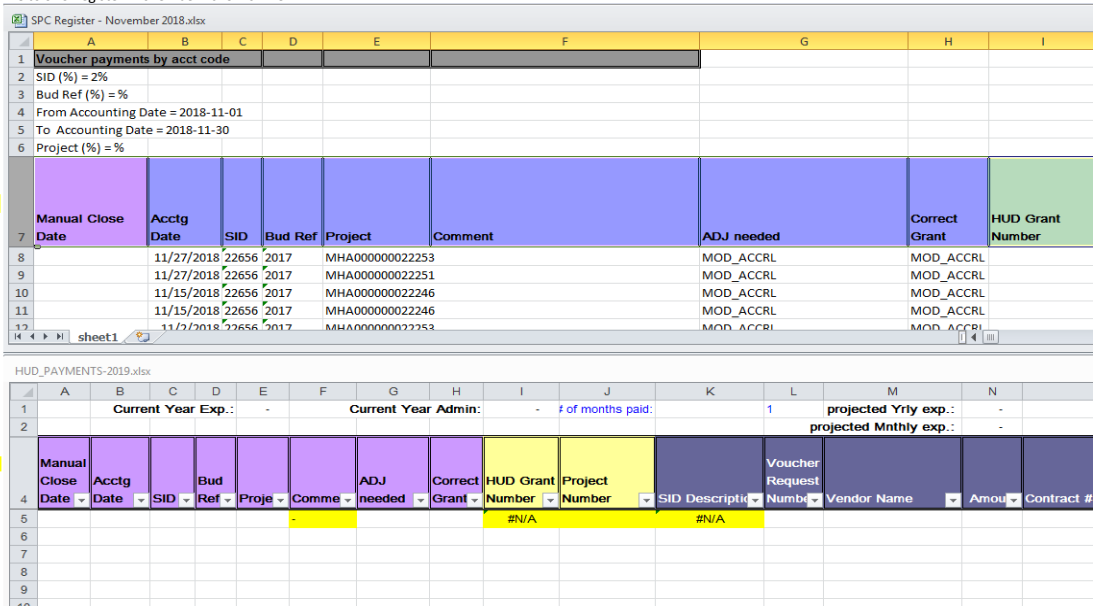
	A	B	C	D	E	F	G	H	I	J	K
1					formula	22656-165406-22658-2015					
2	SID	Bud R	Project	Chartfield 1	Account	Ledger	Transaction Debit	Transaction Credit	Total Transactio		
3	22656	2015	MHA000000022658	165406	52742	22656-165406-22658-2015	0	0	-		
4	22656	2016	MHA000000020752	165499	52742	22656-165499-20752-2016	5,656.48	0.00	5,656.48		
5	22656	2016	MHA000000020901	165406	52742	22656-165406-20901-2016	3,448.00	0	3,448.00		
6	22656	2016	MHA000000021536	165406	52720	22656-165406-21536-2016	2,213.00	0	2,213.00		
7	22656	2016	MHA000000021536	165499	52720	22656-165499-21536-2016	4,872.88	0	4,872.88		
8	22656	2016	MHA000000021539	165406	52742	22656-165406-21539-2016	8,219.00	0	8,219.00		
9	22656	2016	MHA000000021714	165406	52720	22656-165406-21714-2016	3,904.00	0	3,904.00		
10	22656	2016	MHA000000021816	165406	52742	22656-165406-21816-2016	9,149.00	0	9,149.00		
11	22656	2016	MHA000000021816	165499	52720	22656-165499-21816-2016	2,556.16	0	2,556.16		
12	22656	2016	MHA000000021871	165406	52720	22656-165406-21871-2016	10,848.00	0	10,848.00		
13	22656	2016	MHA000000021871	165499	52720	22656-165499-21871-2016	931.76	0	931.76		
14	22656	2016	MHA000000022059	165406	52720	22656-165406-22059-2016	1,406.00	0	1,406.00		
15	22656	2016	MHA000000022059	165499	52742	22656-165499-22059-2016	1,959.44	0	1,959.44		

Admin fees charged | 22656-21752-17 | 22656-21752-18 | 22656-21871-16 | 22656-21871-17 | 22656-22258-16 | 22656-22258-17 | 22656-20856-17 | 22656-20856-18

a. go to last tab on the HUD_PAYMENTS-2019 file and copy the title line.



b. Paste copied title line to SPC Register- November 2019.xlsx file



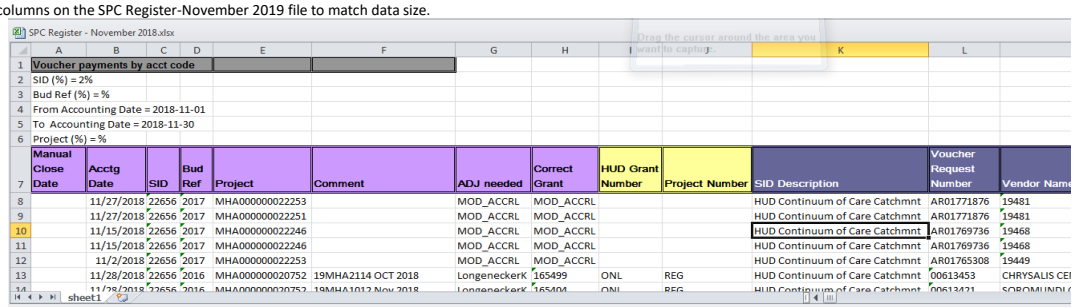
SPC Register - November 2018.xlsx

	A	B	C	D	E	F	G	H	I
1	Voucher payments by acct code								
2	SID (%) = 2%								
3	Bud Ref (%) = %								
4	From Accounting Date = 2018-11-01								
5	To Accounting Date = 2018-11-30								
6	Project (%) = %								
7	Manual Close Date	Acctg Date	SID	Bud Ref	Project	Comment	ADJ needed	Correct Grant	HUD Grant Number
8		11/27/2018	22656	2017	MHA000000022253		MOD_ACCRL	MOD_ACCRL	
9		11/27/2018	22656	2017	MHA000000022251		MOD_ACCRL	MOD_ACCRL	
10		11/15/2018	22656	2017	MHA000000022246		MOD_ACCRL	MOD_ACCRL	
11		11/15/2018	22656	2017	MHA000000022246		MOD_ACCRL	MOD_ACCRL	

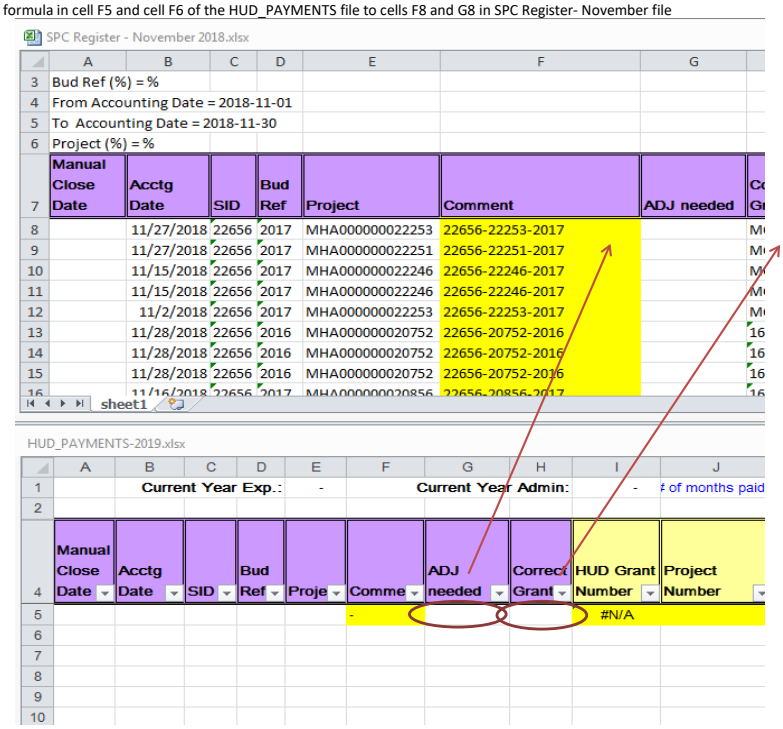
HUD_PAYMENTS-2019.xlsx

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1		Current Year Exp.:		-		Current Year Admin:		-	# of months paid:			1	projected Yrly exp.:	-
2													projected Mnthly exp.:	-
4	Manual Close Date	Acctg Date	SID	Bud Ref	Proje	Comme	ADJ needed	Correct Grant	HUD Grant Number	Project Number	SID Descriptio	Voucher Request Numb	Vendor Name	Amou
5						-			#N/A		#N/A			

* adjust columns on the SPC Register-November 2019 file to match data size.

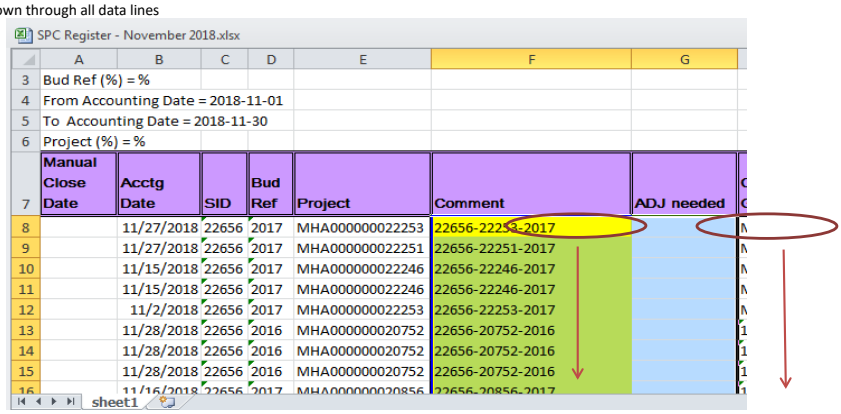


c. Copy formula in cell F5 and cell F6 of the HUD_PAYMENTS file to cells F8 and G8 in SPC Register- November file

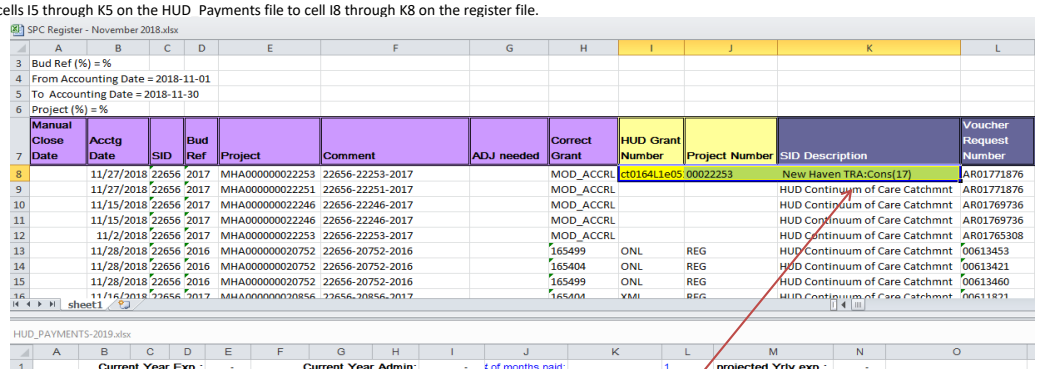


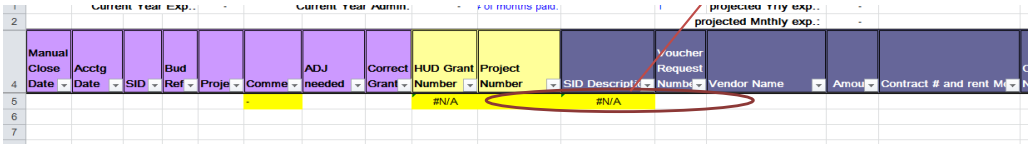
Column G is blank and that is the value we want to overwrite with.

* copy down through all data lines

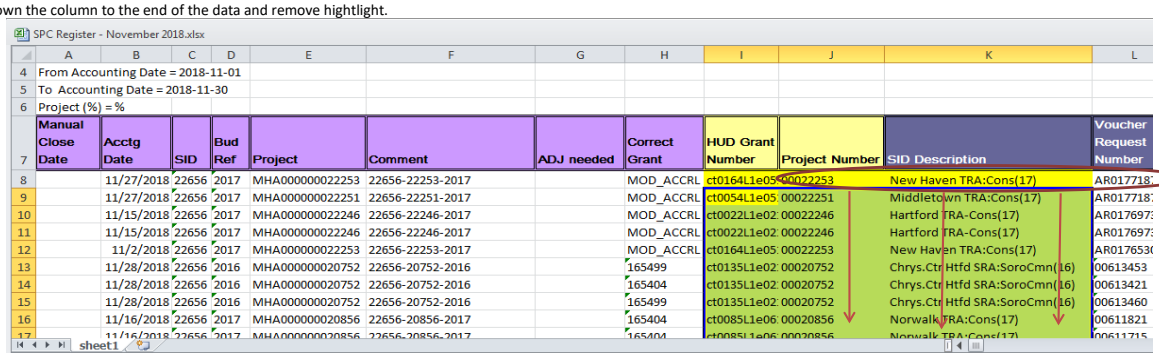


d. Copy cells I5 through K5 on the HUD Payments file to cell I8 through K8 on the register file.

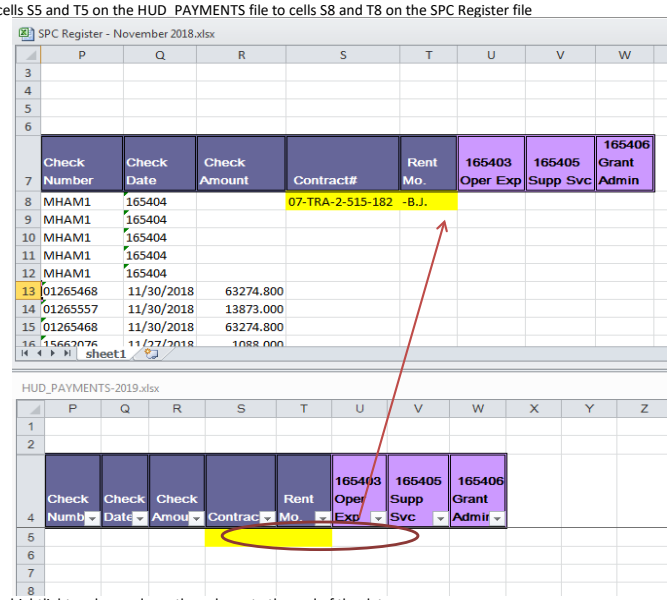




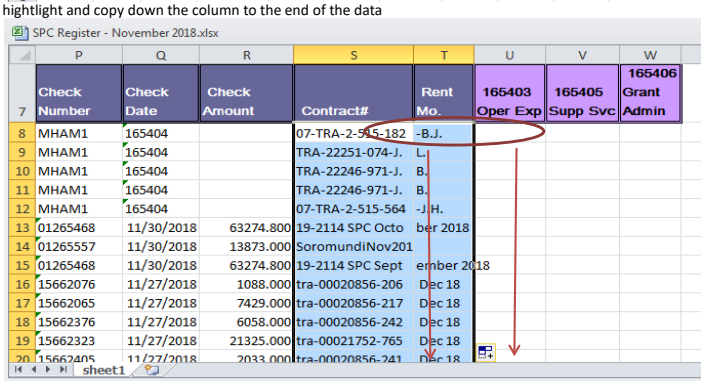
* copy down the column to the end of the data and remove hightlight.



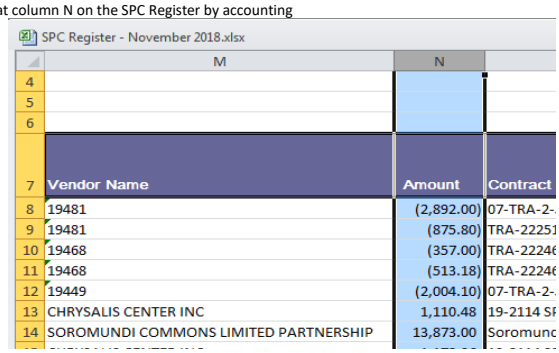
e. copy cells S5 and T5 on the HUD_PAYMENTS file to cells S8 and T8 on the SPC Register file



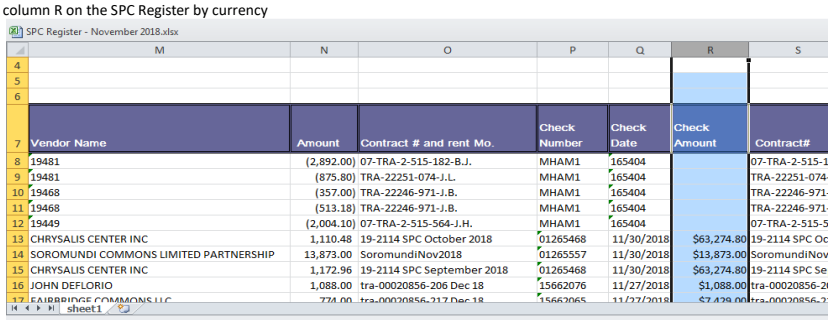
* remove hightlight and copy down the column to the end of the data



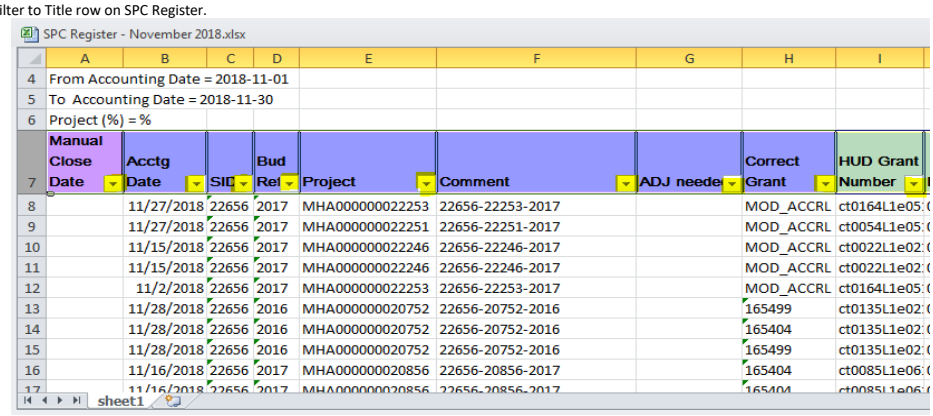
f. Format column N on the SPC Register by accounting



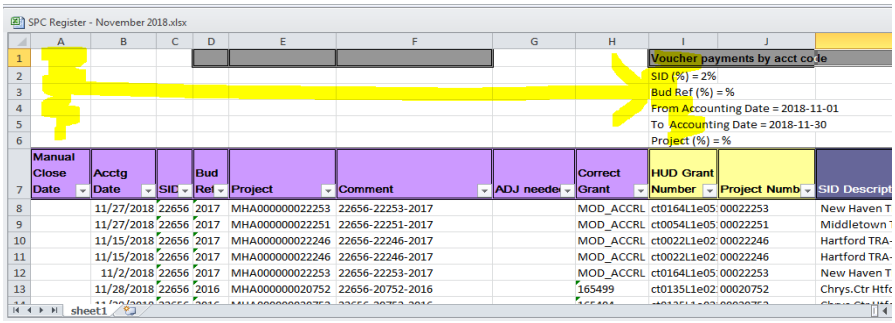
g. format column R on the SPC Register by currency



h. Add filter to Title row on SPC Register.

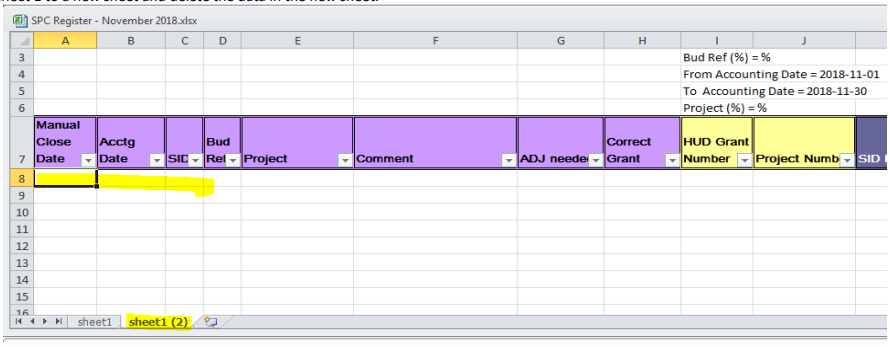


i. Move report headers from column A in the SPC Register to column I, This is because we will be deleting columns A through H later.

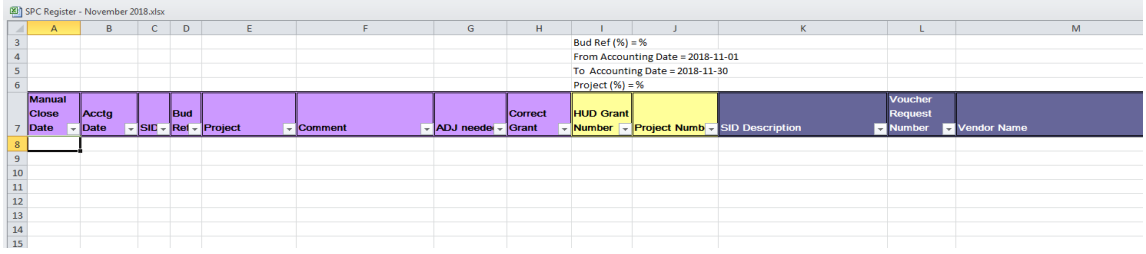


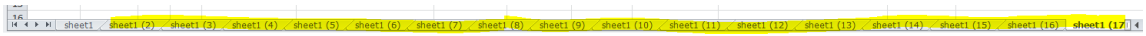
3. Set up tabs for Local Officesin the SPC register

a. Copy sheet 1 to a new sheet and delete the data in the new sheet.



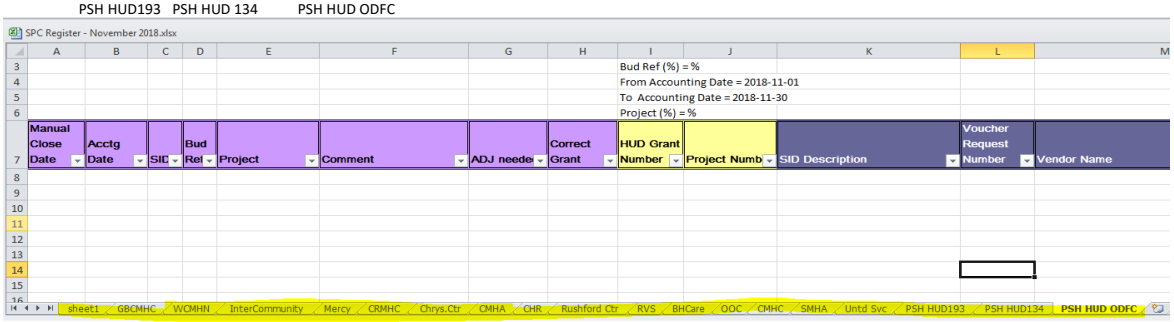
b. copy sheet 1 (2) 18 times



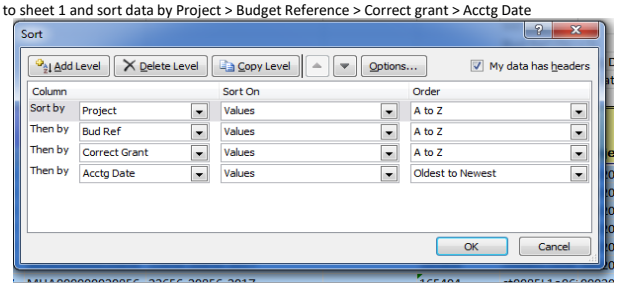


* rename Sheet 1(2) through sheet 1(19) to the following.

GBCMHS WCMHN InterCommunity Mercy CRMHC Chrys.Ctr CMHA CHR Rushford Ctr. RVS BHCare OOC CMHC SMHA Untd Svc
PSH HUD193 PSH HUD 134 PSH HUD ODFC



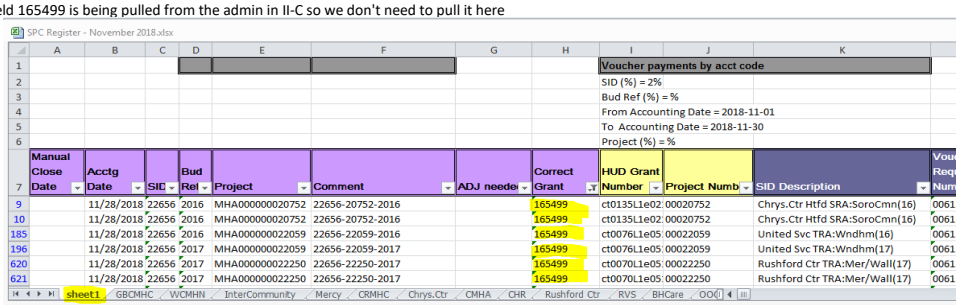
4. Go back to sheet 1 and sort data by Project > Budget Reference > Correct grant > Acctg Date



Correct grant column is currently filled with Chartfield 1. Normally I would remove the data from this column so that when we need to adjust a payment the correct grant is read from here instead. For the next step chartfield1 is pertinent.

5. Go to column H (Correct grant/ chartfield 1) and filter for 165499

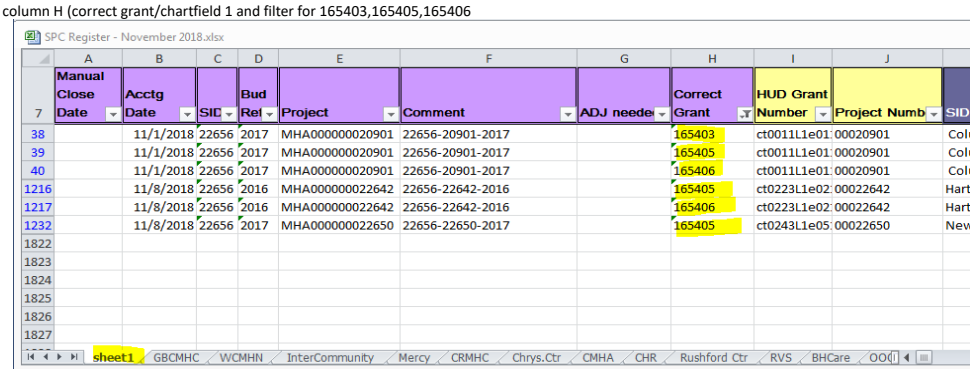
**chartfield 165499 is being pulled from the admin in II-C so we don't need to pull it here



a. Remove these lines

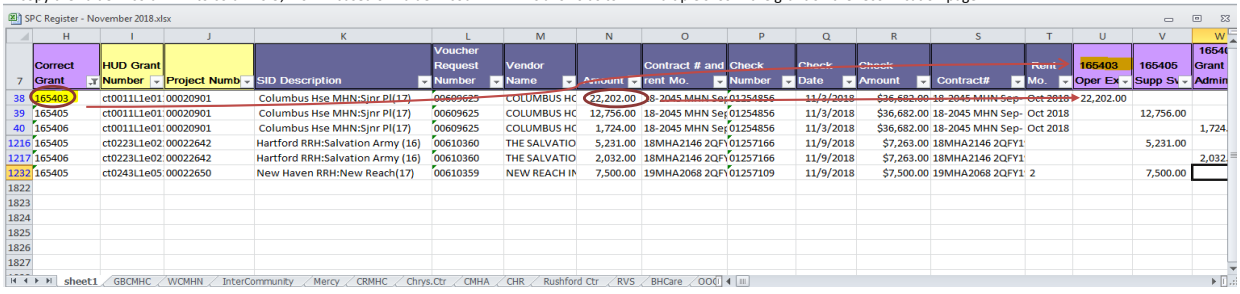
* do not copy all rows and remove lines that way. It would delect lines with other data in correct grant.

b. Go to column H (correct grant/chartfield 1 and filter for 165403,165405,165406



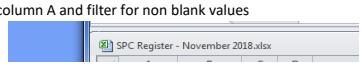
1. Go to end of title bar to columns U, V and W.

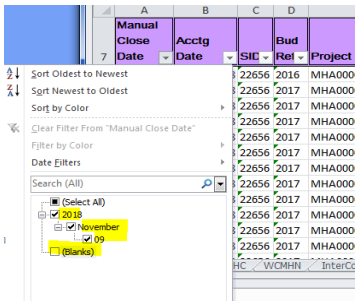
2.copy the value in column N to columns U, V or W based on value in coumn H. This allows us to link multiple silos in the grant on the reconilication page.



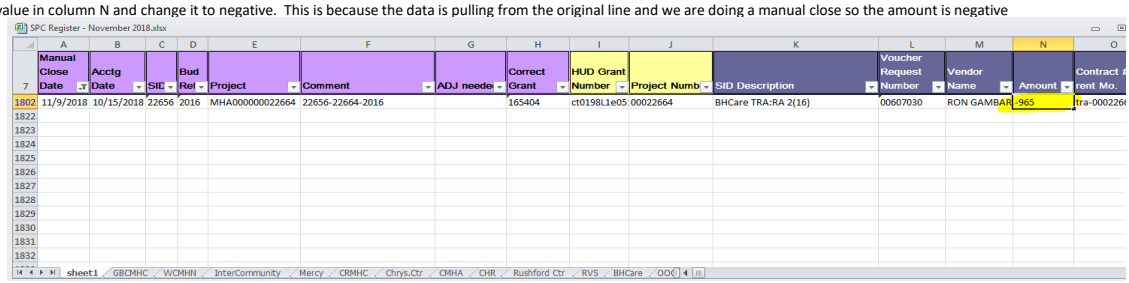
* unfilter column H.

6. Go to column A and filter for non blank values





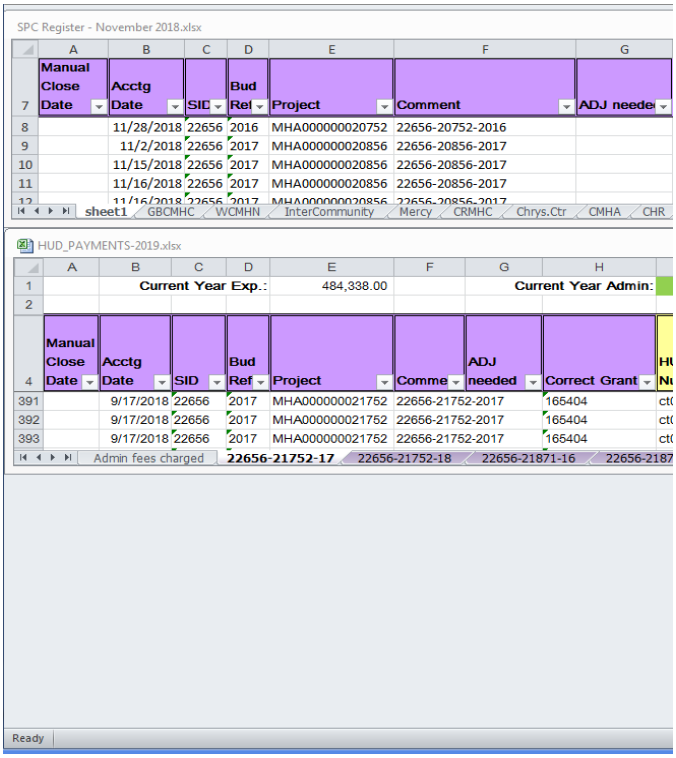
a. Go to value in column N and change it to negative. This is because the data is pulling from the original line and we are doing a manual close so the amount is negative



b. unselect filter to bring us back to all the data

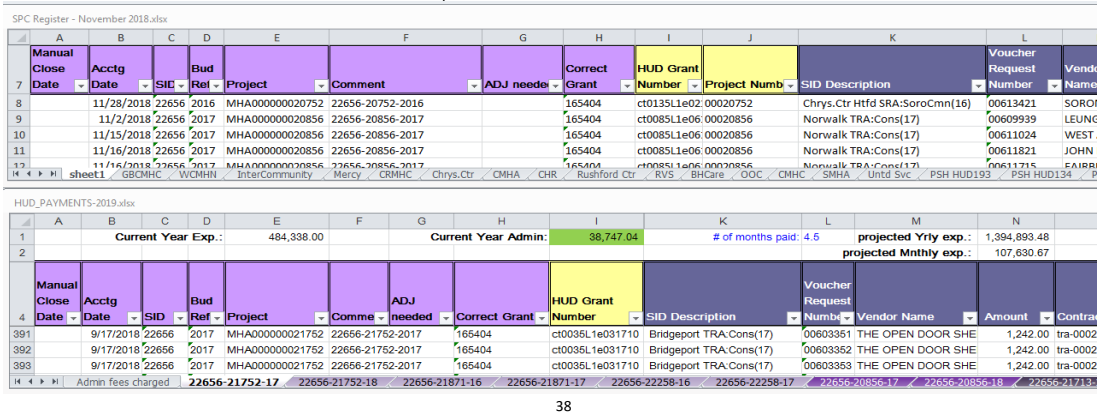
7. Open the HUD Reconciliation file

a. shrink window for the SPC register and the HUD_PAYMENTS leaving room for a 3rd file at that bottom of excel



in T:\Accounting-Budget\HOUSING Program\Continuum of Care (Shelter Plus Care)\Federal-HUD\FY2019

b. open HUD Reconciliation-20109.xlsx and fit it at the bottom of the screen so you can see all 3 documents at once.



HUD reconciliation-2019.xlsx

	A	B	C	D	E	F	G	H	I
1	10/31/2018								
2									
4	Grant Name	Grant Number	Contract Obligation Period	Grant Award	Cumulative Grant Expenditures	Grant Award Balance	Allotted funds for HAP/Leasg	Total Rental Assistance	Balance available for
98	United Svcs TRA:Wndhm(17)	ct0076L1e051710	11/01/18 - 10/31/19	88,406.00	5,202.36	83,203.64	80,556.00	4,817.00	75,73
99	United Services PRA:Brick Row(16)	ct0077L1e051609	08/01/17 - 07/31/18	104,847.00	99,510.15	5,336.85	95,009.00	89,672.83	5,33
100	United Services PRA:Brick Row(17)	ct0077L1e051710	08/01/18 - 07/31/19	106,431.00	25,671.60	80,759.40	96,667.00	23,770.00	72,89

Management Summary / Summary for Local Offices / Project code Key / mapping to FSB / Yale&CMHC Ledger / 22656-21752-16 / 22656-21752-17 / 22656-21752-18 / 22656-21871-16 / 22

* Update links

8. select matching tabs in HUD Reconciliation and HUD_PAYMENTS files

HUD_PAYMENTS-2019.xlsx

	A	B	C	D	E	F	G	H	I	K	L	
1		Current Year Exp.:			484,338.00			Current Year Admin:	38,747.04	# of months paid:	4.5	projecte
2												projected M
4	Manual Close Date	Acctg Date	SID	Bud Ref	Project	Comme	ADJ needed	Correct Grant	HUD Grant Number	SID Description	Voucher Request Numbe	Vendor
391		9/17/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e031710	Bridgeport TRA:Cons(17)	00603351	THE OPE
392		9/17/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e031710	Bridgeport TRA:Cons(17)	00603352	THE OPE
393		9/17/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e031710	Bridgeport TRA:Cons(17)	00603353	THE OPE

Admin fees charged / 22656-21752-17 / 22656-21752-18 / 22656-21871-16 / 22656-21871-17 / 22656-22258-16 / 22656-22258-17 / 22656-20856-17

HUD reconciliation-2019.xlsx

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
10	ct0035L1e031710			21752-2017		21752-2017		21752-2017		21752-2017							
11		FEDERAL BUDGET FROM CONRACTS															
12						06/01/18 - 05/31/19											
13					RA-1040			1050		1060					Reconciled		
14				HAP		RA Admiin		Supportive Services		Grant Admin		total			to RECEIVABLE LOG		
15				1,427,611.00		114,209.00				11,280.00		1,553,100.00					
16		EXPENDITURES REPORTS															
17		FY2018		232,055.00		8,730.80		-		-		240,785.80		240,785.80	ok	-	
18		FY2019		484,338.00		48,580.64		-		11,280.00		544,198.64		661,820.64	error	117,622.00	
20				716,393.00		57,311.44		-		11,280.00		784,984.44					
21		Balance available															
22		for the next pmts		711,218.00		56,897.56		-		-		768,115.56					

Management Summary / Summary for Local Offices / Project code Key / mapping to FSB / Yale&CMHC Ledger / 22656-21752-16 / 22656-21752-17 / 2265

a. update # of months paid in HUD_PAYMENT file (Cell L1) by 1 month

HUD_PAYMENTS-2019.xlsx

	A	B	C	D	E	F	G	H	I	K	L	M	N	
1		Current Year Exp.:			484,338.00			Current Year Admin:	38,747.04	# of months paid:	5.5	projected Yrly exp.:	1,141,276.39	
2												projected Mnthly exp.:	88,061.45	
4	Manual Close Date	Acctg Date	SID	Bud Ref	Project	Comme	ADJ needed	Correct Grant	HUD Grant Number	SID Description	Voucher Request Numbe	Vendor Name	Amount	Co
520		10/25/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e031710	Bridgeport TRA:Cons(17)	00608800	SIDDHARTH SHARDA	(524.00)	tra-
521		10/26/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e031710	Bridgeport TRA:Cons(17)	00609198	CRESCENT CROSSING	50.00	tra-
522														

Admin fees charged / 22656-21752-17 / 22656-21752-18 / 22656-21871-16 / 22656-21871-17 / 22656-22258-16 / 22656-22258-17 / 22656-20856-17 / 22656-20856-18 / 22656-21

b. scroll to first blank line beneath data on HUD_PAYMENTS file.

HUD_PAYMENTS-2019.xlsx

	A	B	C	D	E	F	G	H	I	K	L	M	N	
1		Current Year Exp.:			484,338.00			Current Year Admin:	38,747.04	# of months paid:	5.5	projected Yrly exp.:	1,141,276.39	
2												projected Mnthly exp.:	88,061.45	
4	Manual Close Date	Acctg Date	SID	Bud Ref	Project	Comme	ADJ needed	Correct Grant	HUD Grant Number	SID Description	Voucher Request Numbe	Vendor Name	Amount	Co
520		10/25/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e031710	Bridgeport TRA:Cons(17)	00608800	SIDDHARTH SHARDA	(524.00)	tra-
521		10/26/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e031710	Bridgeport TRA:Cons(17)	00609198	CRESCENT CROSSING	50.00	tra-
522														

Admin fees charged / 22656-21752-17 / 22656-21752-18 / 22656-21871-16 / 22656-21871-17 / 22656-22258-16 / 22656-22258-17 / 22656-20856-17 / 22656-20856-18 / 22656-21

8 Go to the SPC Register and filter project to match project selected in other 2 spreadsheets

SPC Register - November 2018.xlsx

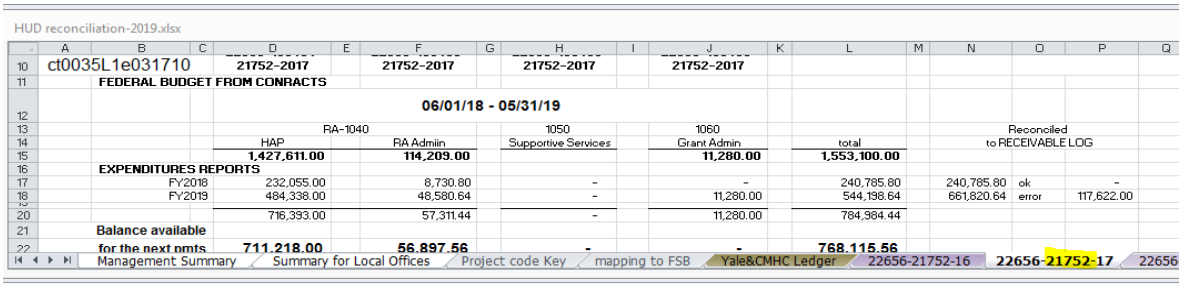
	A	B	C	D	E	F	G	H	I	J	K
7	Manual Close Date	Acctg Date	SID	Bud Ref	Project	Comment	ADJ neede	Correct Grant	HUD Grant Number	Project Numb	SID Description
60		11/2/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e03	00021752	Bridgeport TRA:Con
61		11/2/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e03	00021752	Bridgeport TRA:Con
62		11/2/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e03	00021752	Bridgeport TRA:Con
63		11/2/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e03	00021752	Bridgeport TRA:Con
64		11/2/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e03	00021752	Bridgeport TRA:Con

sheet1 / GBCMHC / WCMHN / InterCommunity / Mercy / CRMHC / Chrys.Ctr / CMHA / CHR / Rushford Ctr / RVS / BHCare / OO(

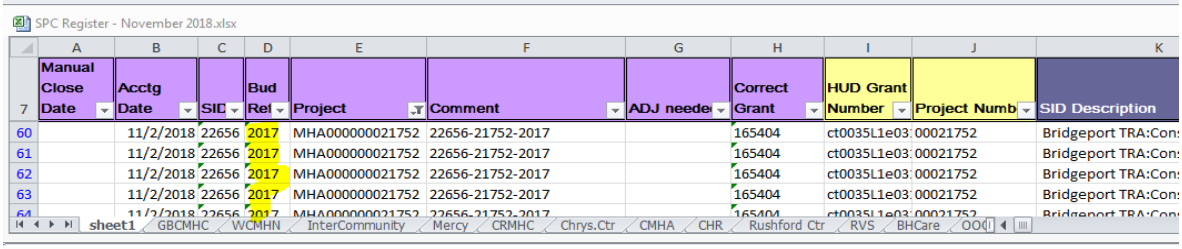
HUD_PAYMENTS-2019.xlsx

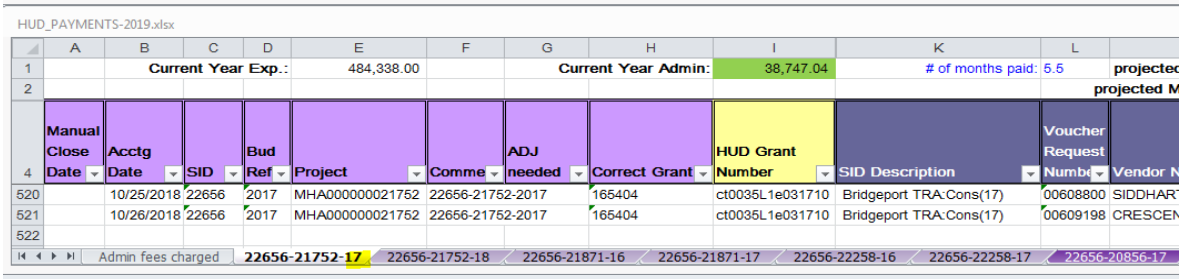
	A	B	C	D	E	F	G	H	I	K	L	
1		Current Year Exp.:			484,338.00			Current Year Admin:	38,747.04	# of months paid:	5.5	projectec
2												projected M
4	Manual Close Date	Acctg Date	SID	Bud Ref	Project	Comme	ADJ needed	Correct Grant	HUD Grant Number	SID Description	Voucher Request Numbe	Vendor N
520		10/25/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e031710	Bridgeport TRA:Cons(17)	00608800	SIDDHAR
521		10/26/2018	22656	2017	MHA000000021752	22656-21752-2017		165404	ct0035L1e031710	Bridgeport TRA:Cons(17)	00609198	CRESCEN
522												

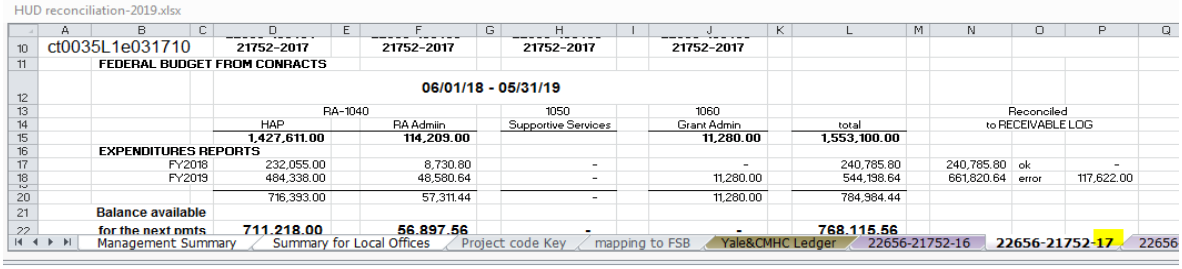
Admin fees charged / 22656-21752-17 / 22656-21752-18 / 22656-21871-16 / 22656-21871-17 / 22656-22258-16 / 22656-22258-17 / 22656-20856-17



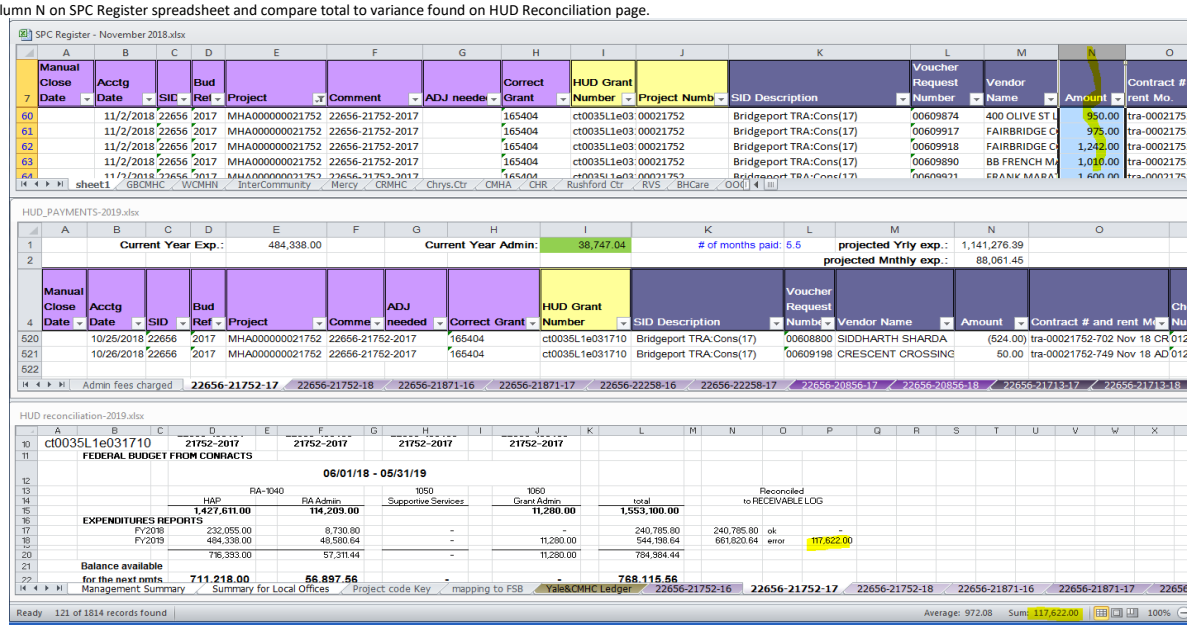
a. filter budget reference to match budget reference on other two spreadsheets



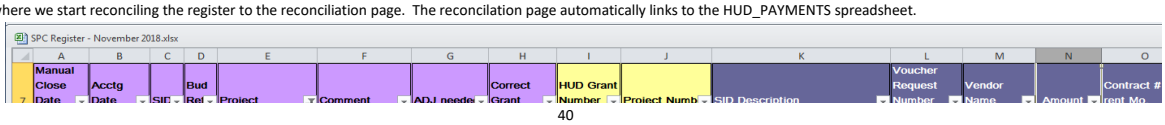


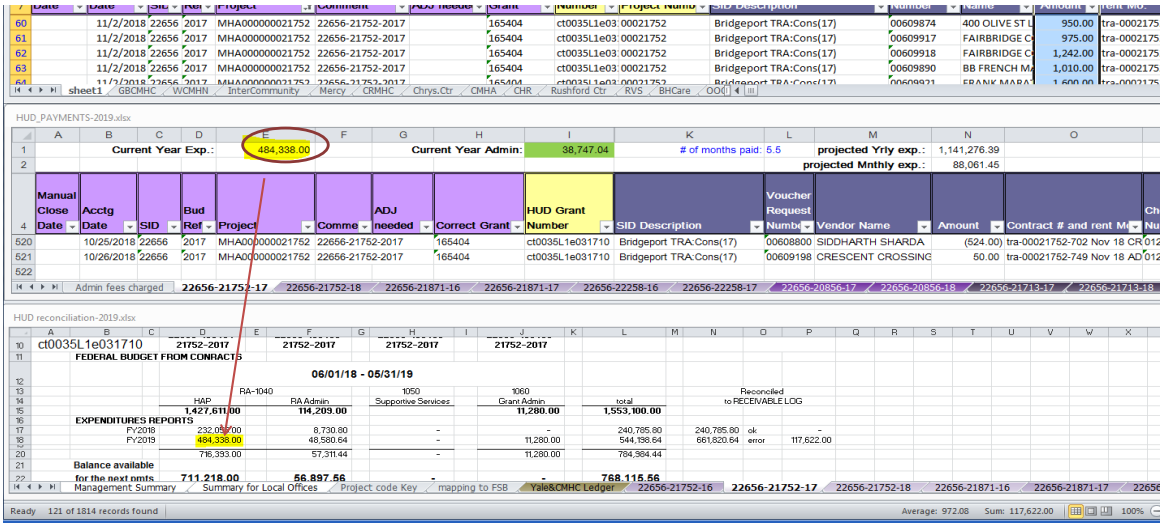


9. select column N on SPC Register spreadsheet and compare total to variance found on HUD Reconciliation page.

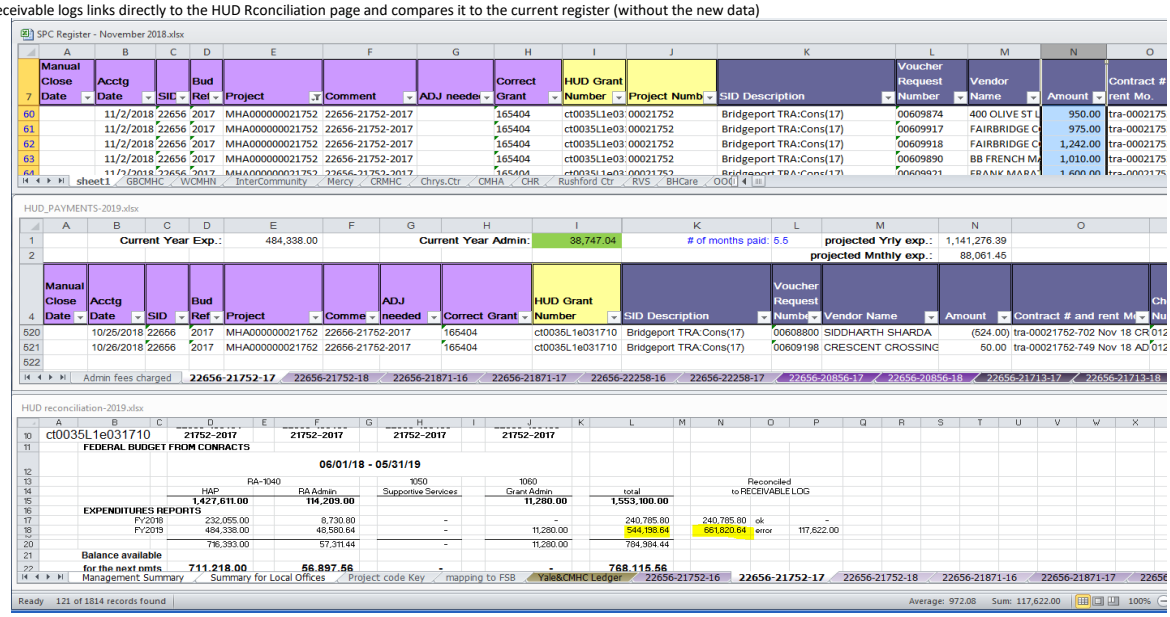


* this is where we start reconciling the register to the reconciliation page. The reconcilation page automatically links to the HUD_PAYMENTS spreadsheet.

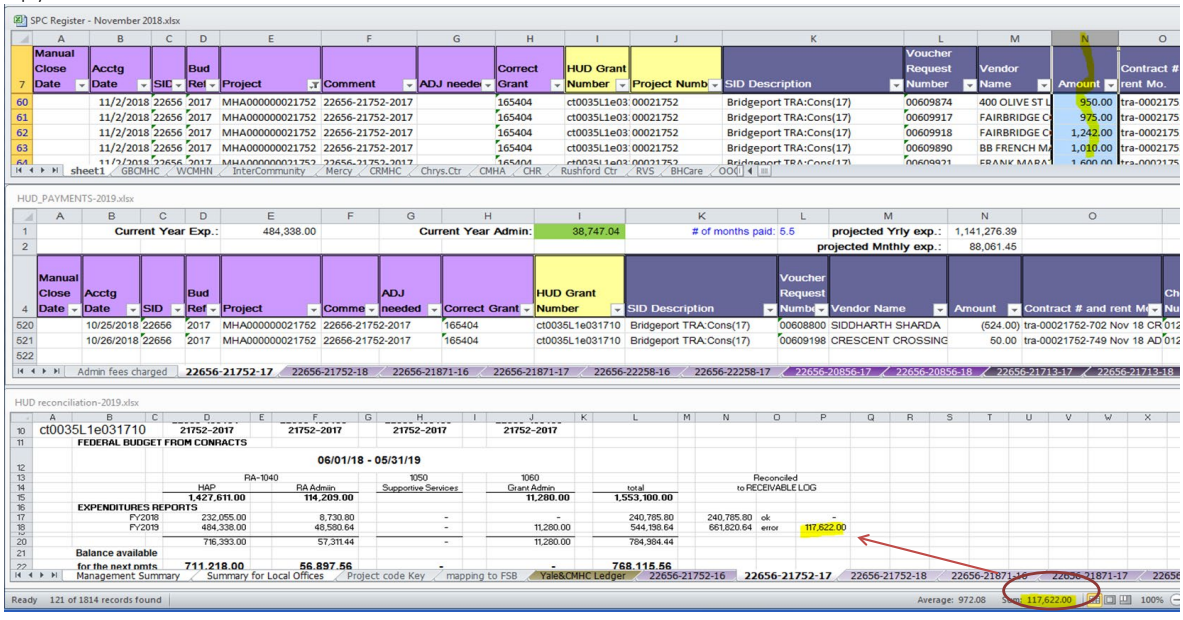




** the receivable logs links directly to the HUD Rconciliation page and compares it to the current register (without the new data)



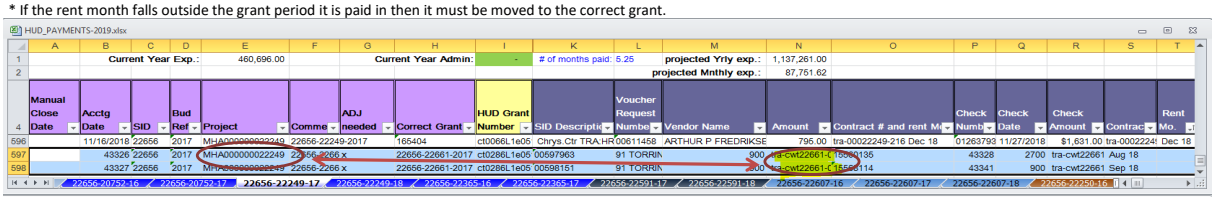
** the variance between the two is calculated and shown. This is how much in rental assistance that we need to balance. So we had selected column N to total what CORE has for payments. **The two should match.**



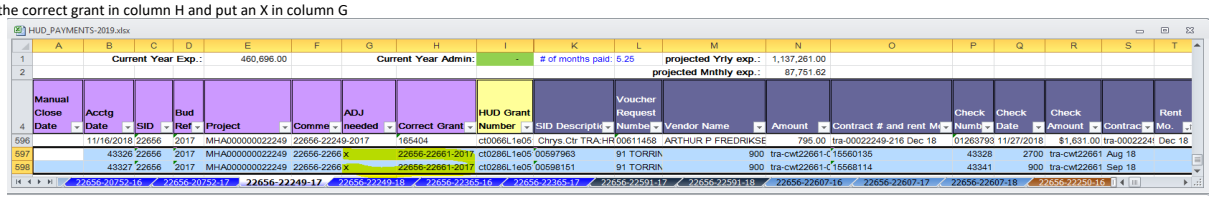
a. Check the contract numbers for contracts paid in the wrong grant year or for contracts paid in the wrong grant entirely.

* if the contract prefix doesn't match the project it must be moved to the correct project

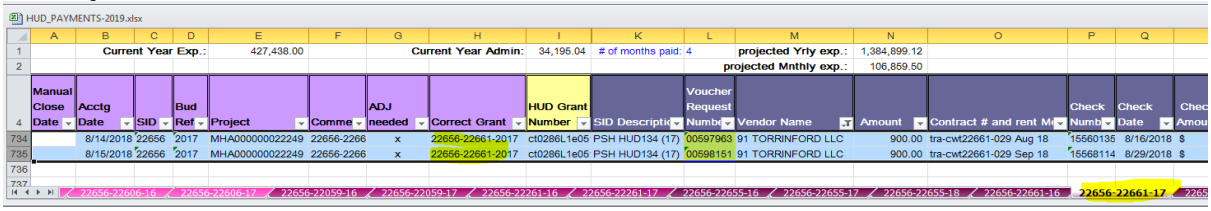
* If the rent month falls outside the grant period it is paid in then it must be moved to the correct grant.



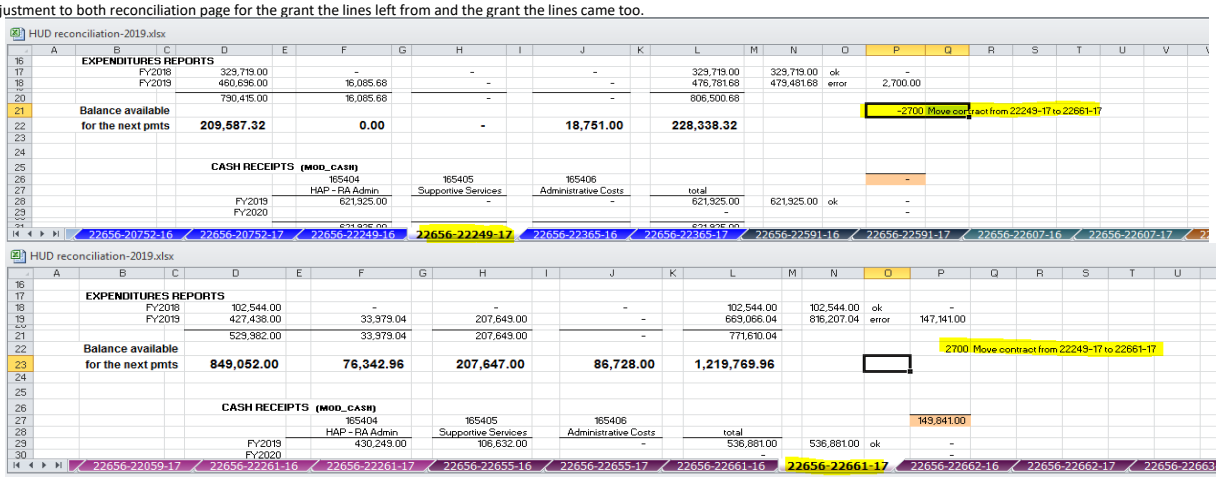
b. insert the correct grant in column H and put an X in column G



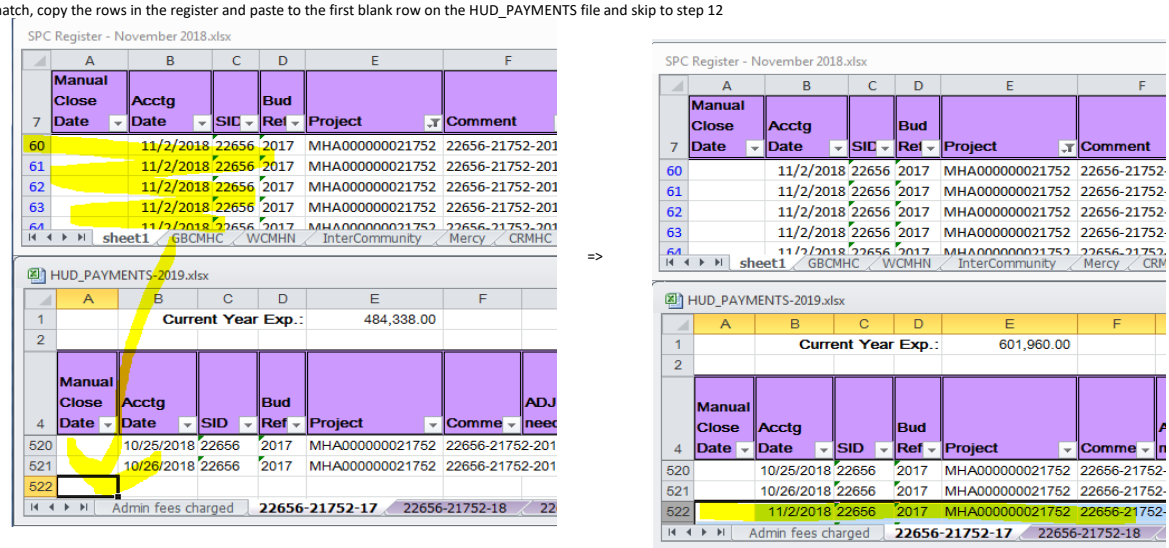
c. move lines to correct grant



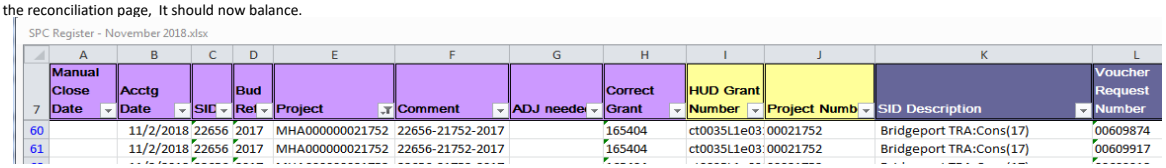
d. add adjustment to both reconciliation page for the grant the lines left from and the grant the lines came too.

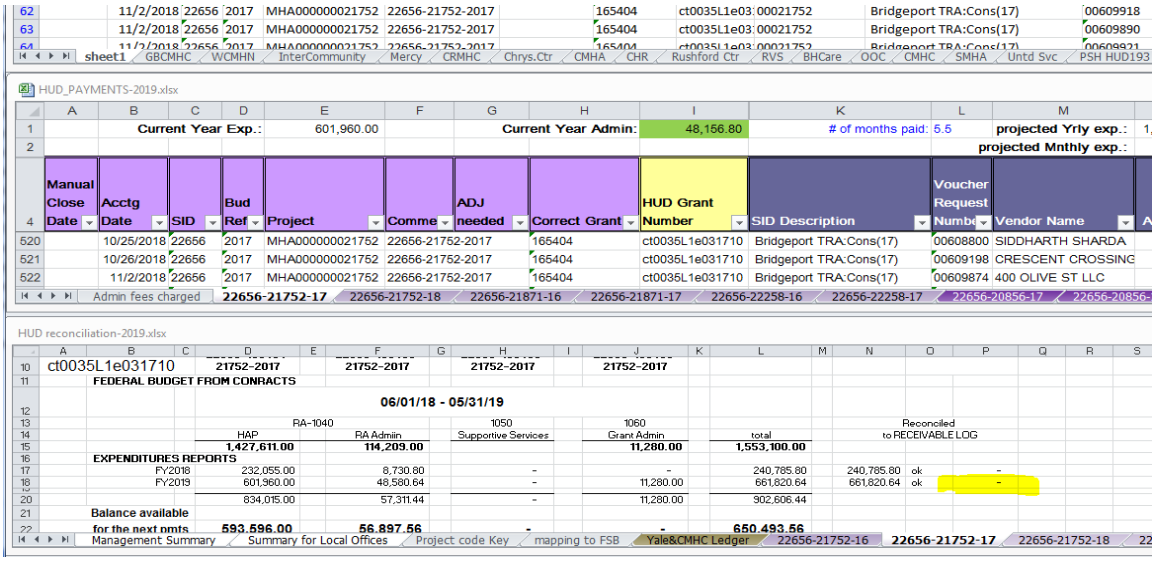


10. If they match, copy the rows in the register and paste to the first blank row on the HUD_PAYMENTS file and skip to step 12



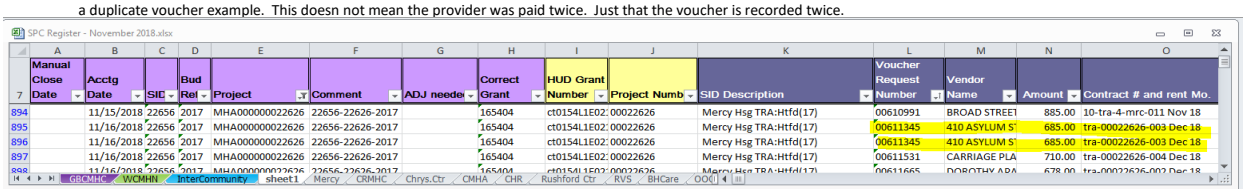
a. check the reconciliation page, It should now balance.



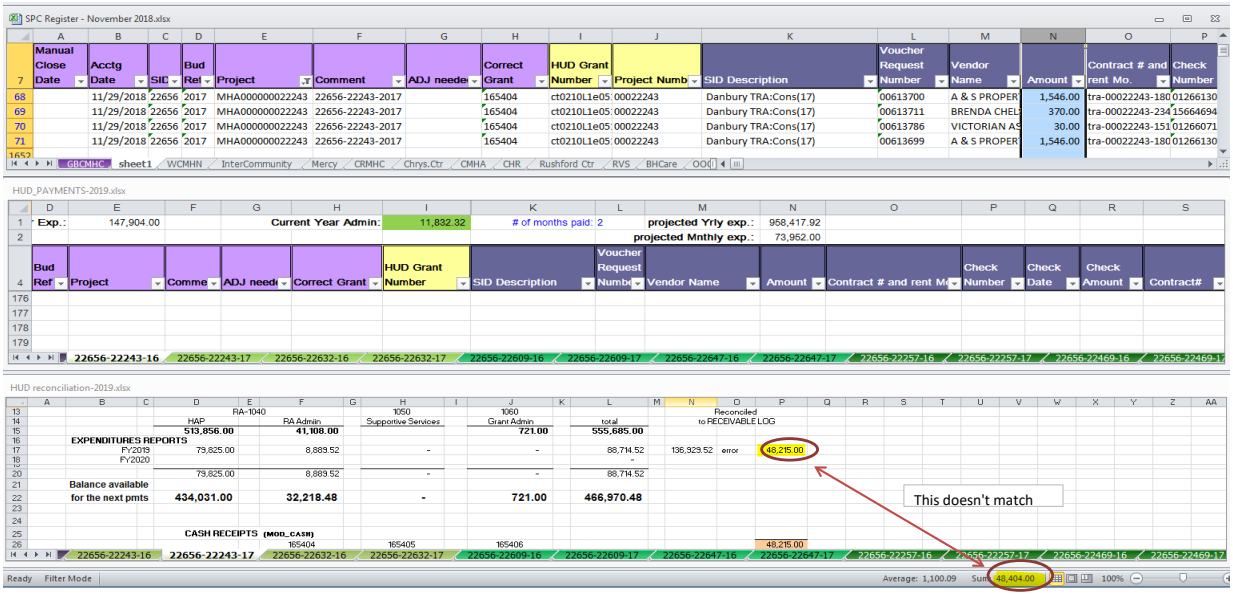


11. If they don't balance we need to figure out why. It could be a number of things… a duplicate invoice in the SPC register…a missing adjustment invoice because it doesn't have payment information… or an incorrect Journal voucher

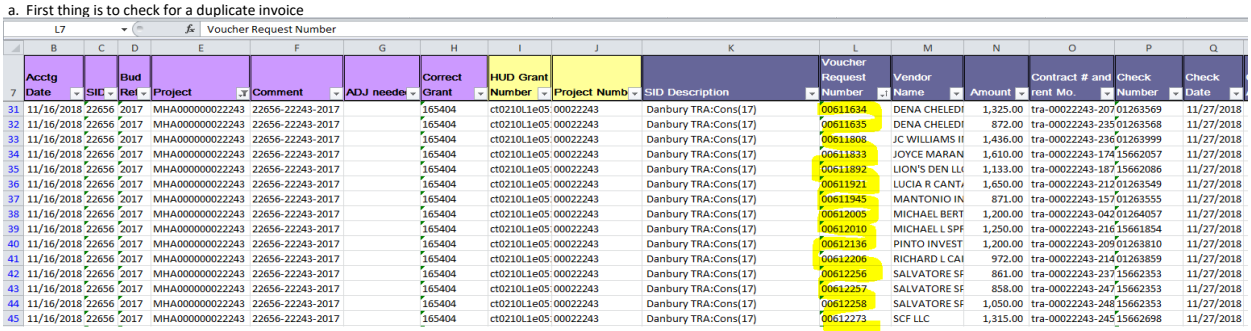
a duplicate voucher example. This doesn not mean the provider was paid twice. Just that the voucher is recorded twice.



Select column N and check that the sum of N equals the variance on the reconciliation page. If they don't match, you need to research why.

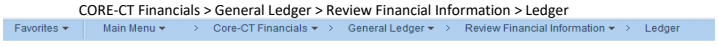


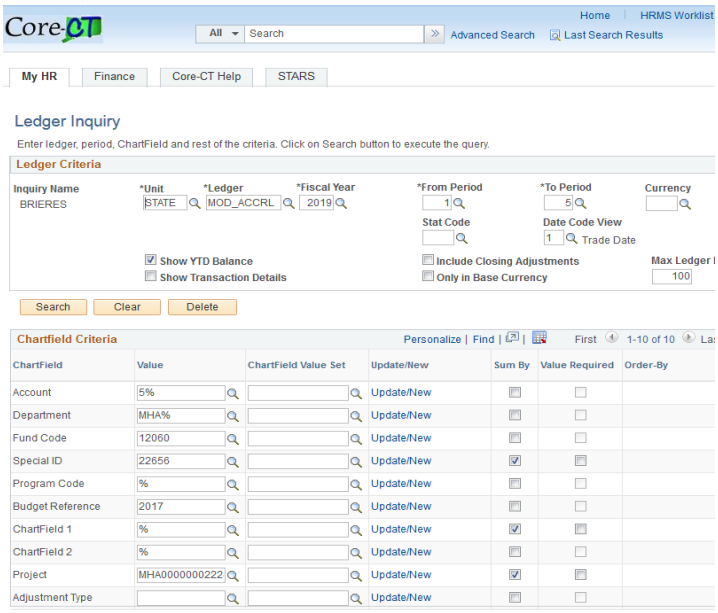
a. First thing is to check for a duplicate invoice



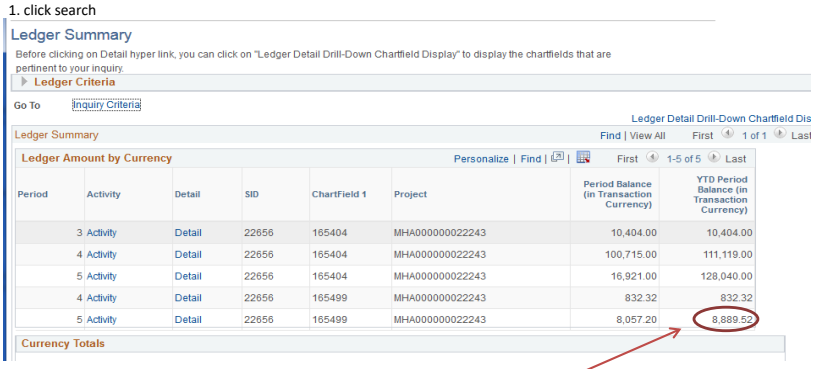
b. If this doesn't pan out, run a ledger activity report in CORE to see what was charged to the grant for the month.

CORE-CT Financials > General Ledger > Review Financial Information > Ledger

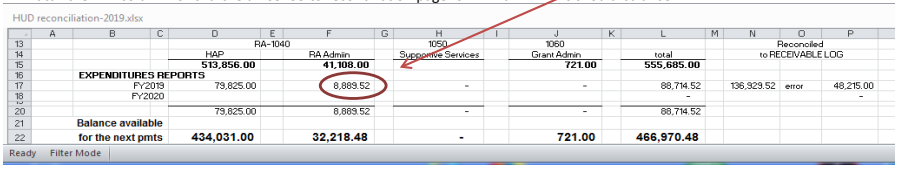




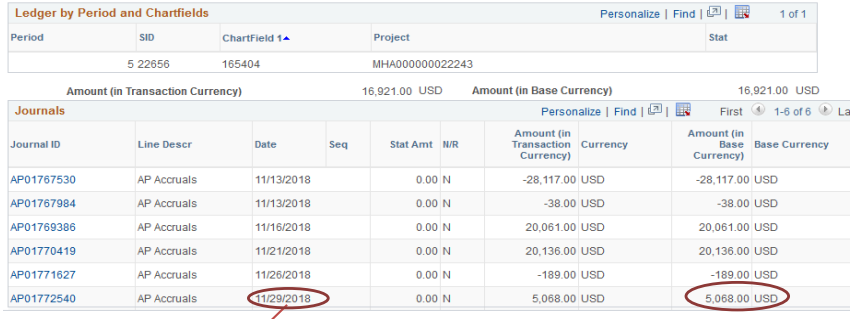
1. click search



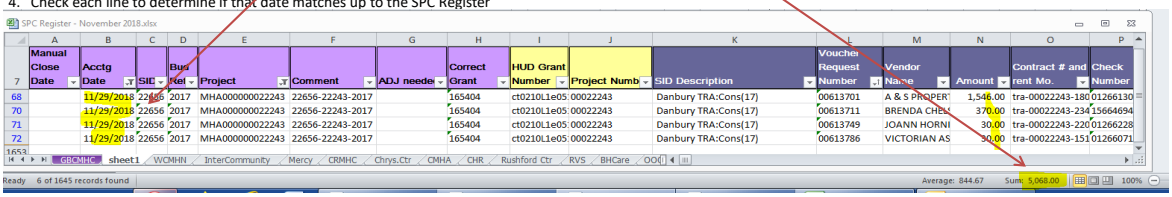
2. match the YTD column for chartfield 165499 to reconciliation page for RA Admin. This should balance



3. That tells us that the issue is in HAP (chartfield 165404) so click the activity button next to the latest period (5) to drill down.



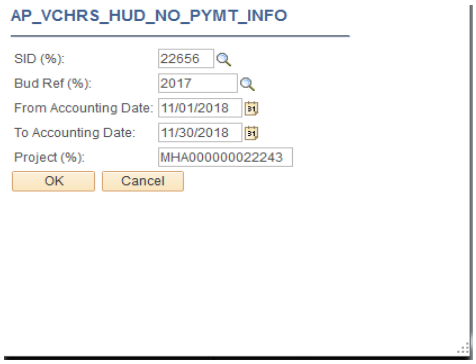
4. Check each line to determine if that date matches up to the SPC Register



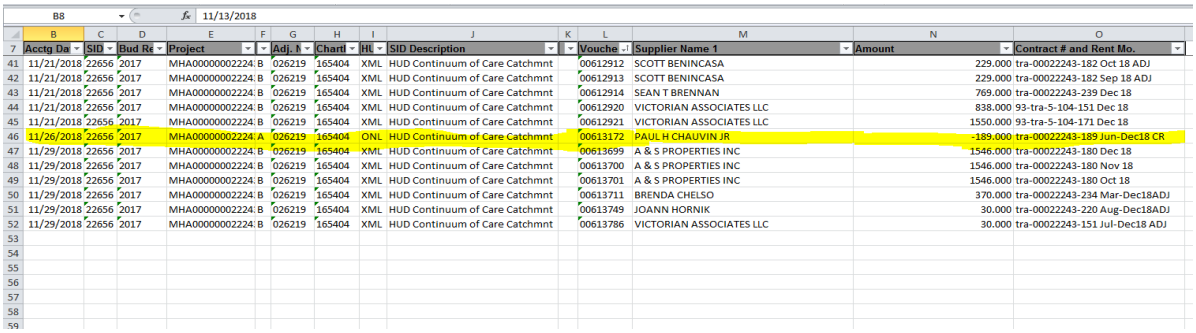
6. Match the lines until you come across the variance.

a. once you find the variance, run an AP_VCHRS_HUD_NO_PMT_INFO. the register report without payment information so see if there is a voucher that wasn't picked up. This happens when an adjustment isn't tied to a payment.

where is the query, share the query with staff

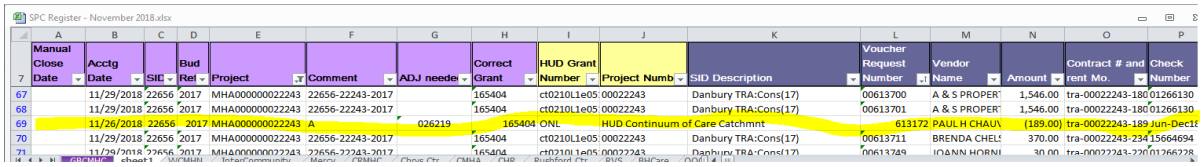


It will generate this report. Here we find the variance in the form of an adjustment voucher (column F)



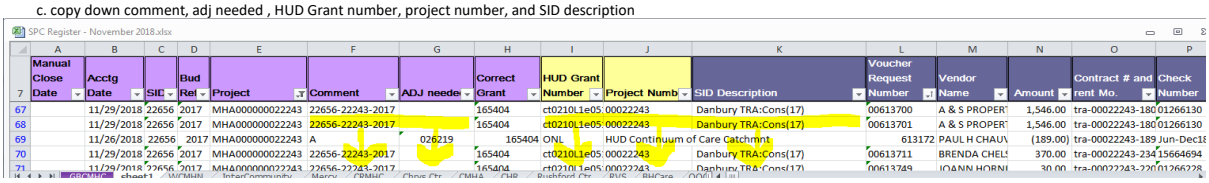
Acctg Da	SID	Bud Re	Project	Adj. N	Chartl	HL	SID Description	Vouche	Supplier Name 1	Amount	Contract # and Rent Mo.
11/21/2018	22656	2017	MHA00000002224:B	026219	165404	XML	HUD Continuum of Care Catchmnt	00612912	SCOTT BENINCASA	229.000	tra-00022243-182 Oct 18 ADJ
11/21/2018	22656	2017	MHA00000002224:B	026219	165404	XML	HUD Continuum of Care Catchmnt	00612913	SCOTT BENINCASA	229.000	tra-00022243-182 Sep 18 ADJ
11/21/2018	22656	2017	MHA00000002224:B	026219	165404	XML	HUD Continuum of Care Catchmnt	00612914	SEAN T BRENNAN	769.000	tra-00022243-239 Dec 18
11/21/2018	22656	2017	MHA00000002224:B	026219	165404	XML	HUD Continuum of Care Catchmnt	00612920	VICTORIAN ASSOCIATES LLC	838.000	93-tra-5-104-151 Dec 18
11/21/2018	22656	2017	MHA00000002224:B	026219	165404	XML	HUD Continuum of Care Catchmnt	00612921	VICTORIAN ASSOCIATES LLC	1550.000	93-tra-5-104-171 Dec 18
11/26/2018	22656	2017	MHA00000002224:A	026219	165404	ONL	HUD Continuum of Care Catchmnt	00613172	PAUL H CHAUVIN JR	-189.000	tra-00022243-189 Jun-Dec18 CR
11/29/2018	22656	2017	MHA00000002224:B	026219	165404	XML	HUD Continuum of Care Catchmnt	00613699	A & S PROPERTIES INC	1546.000	tra-00022243-180 Dec 18
11/29/2018	22656	2017	MHA00000002224:B	026219	165404	XML	HUD Continuum of Care Catchmnt	00613700	A & S PROPERTIES INC	1546.000	tra-00022243-180 Nov 18
11/29/2018	22656	2017	MHA00000002224:B	026219	165404	XML	HUD Continuum of Care Catchmnt	00613701	A & S PROPERTIES INC	1546.000	tra-00022243-180 Oct 18
11/29/2018	22656	2017	MHA00000002224:B	026219	165404	XML	HUD Continuum of Care Catchmnt	00613711	BRENDA CHELSO	370.000	tra-00022243-234 Mar-Dec18ADJ
11/29/2018	22656	2017	MHA00000002224:B	026219	165404	XML	HUD Continuum of Care Catchmnt	00613749	JOANN HORNIK	30.000	tra-00022243-220 Aug-Dec18ADJ
11/29/2018	22656	2017	MHA00000002224:B	026219	165404	XML	HUD Continuum of Care Catchmnt	00613786	VICTORIAN ASSOCIATES LLC	30.000	tra-00022243-151 Jul-Dec18 ADJ

b. Copy the adjustment line and paste between lines on the register (sheet 1 tab)



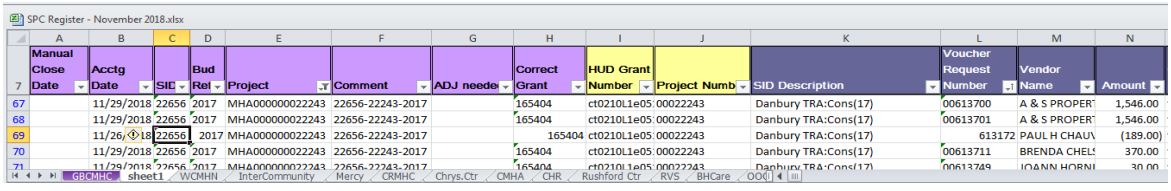
Manual Close Date	Acctg Date	SID	Bud Rel	Project	Comment	ADJ needed	Correct Grant	HUD Grant Number	Project Numb	SID Description	Voucher Request Number	Vendor Name	Amount	Contract # and rent Mo.	Check Number
	11/29/2018	22656	2017	MHA000000022243	22656-22243-2017		165404	ct0210L1e05	00022243	Danbury TRA:Cons(17)	00613700	A & S PROPER	1,546.00	tra-00022243-180	01266130
	11/29/2018	22656	2017	MHA000000022243	22656-22243-2017		165404	ct0210L1e05	00022243	Danbury TRA:Cons(17)	00613701	A & S PROPER	1,546.00	tra-00022243-180	01266130
	11/26/2018	22656	2017	MHA000000022243	A	026219	165404	ONL	HUD Continuum of Care Catchmnt		613172	PAUL H CHAUV	(189.00)	tra-00022243-189	Jun-Dec18
	11/29/2018	22656	2017	MHA000000022243	22656-22243-2017		165404	ct0210L1e05	00022243	Danbury TRA:Cons(17)	00613711	BRENDA CHELS	370.00	tra-00022243-234	15664694
	11/29/2018	22656	2017	MHA000000022243	22656-22243-2017		165404	ct0210L1e05	00022243	Danbury TRA:Cons(17)	00613749	JOANN HORNI	30.00	tra-00022243-220	01266228

c. copy down comment, adj needed , HUD Grant number, project number, and SID description



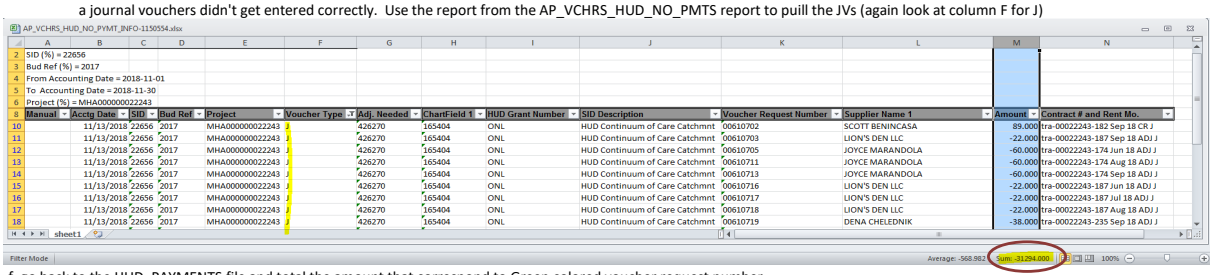
Manual Close Date	Acctg Date	SID	Bud Rel	Project	Comment	ADJ needed	Correct Grant	HUD Grant Number	Project Numb	SID Description	Voucher Request Number	Vendor Name	Amount	Contract # and rent Mo.	Check Number
	11/29/2018	22656	2017	MHA000000022243	22656-22243-2017		165404	ct0210L1e05	00022243	Danbury TRA:Cons(17)	00613700	A & S PROPER	1,546.00	tra-00022243-180	01266130
	11/29/2018	22656	2017	MHA000000022243	22656-22243-2017		165404	ct0210L1e05	00022243	Danbury TRA:Cons(17)	00613701	A & S PROPER	1,546.00	tra-00022243-180	01266130
	11/26/2018	22656	2017	MHA000000022243	A	026219	165404	ONL	HUD Continuum of Care Catchmnt		613172	PAUL H CHAUV	(189.00)	tra-00022243-189	Jun-Dec18
	11/29/2018	22656	2017	MHA000000022243	22656-22243-2017		165404	ct0210L1e05	00022243	Danbury TRA:Cons(17)	00613711	BRENDA CHELS	370.00	tra-00022243-234	15664694
	11/29/2018	22656	2017	MHA000000022243	22656-22243-2017		165404	ct0210L1e05	00022243	Danbury TRA:Cons(17)	00613749	JOANN HORNI	30.00	tra-00022243-220	01266228

to see this.



Manual Close Date	Acctg Date	SID	Bud Rel	Project	Comment	ADJ needed	Correct Grant	HUD Grant Number	Project Numb	SID Description	Voucher Request Number	Vendor Name	Amount
	11/29/2018	22656	2017	MHA000000022243	22656-22243-2017		165404	ct0210L1e05	00022243	Danbury TRA:Cons(17)	00613700	A & S PROPER	1,546.00
	11/29/2018	22656	2017	MHA000000022243	22656-22243-2017		165404	ct0210L1e05	00022243	Danbury TRA:Cons(17)	00613701	A & S PROPER	1,546.00
	11/26/2018	22656	2017	MHA000000022243	22656-22243-2017		165404	ONL	HUD Continuum of Care Catchmnt		613172	PAUL H CHAUV	(189.00)
	11/29/2018	22656	2017	MHA000000022243	22656-22243-2017		165404	ct0210L1e05	00022243	Danbury TRA:Cons(17)	00613711	BRENDA CHELS	370.00
	11/29/2018	22656	2017	MHA000000022243	22656-22243-2017		165404	ct0210L1e05	00022243	Danbury TRA:Cons(17)	00613749	JOANN HORNI	30.00

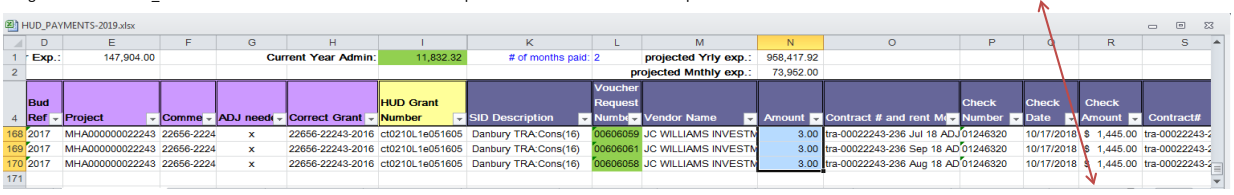
e. Retotal column N. If they balance then continue to step 12. If they don't balance then continue to look through the Ledger inquiry. The next thing would be to check journal vouchers (negative transactions). These don't' appear on the AP_VCHRS_HUD report as they were taken care of in the previous month. But maybe a journal vouchers didn't get entered correctly. Use the report from the AP_VCHRS_HUD_NO_PMTS report to puill the JVs (again look at column F for J)



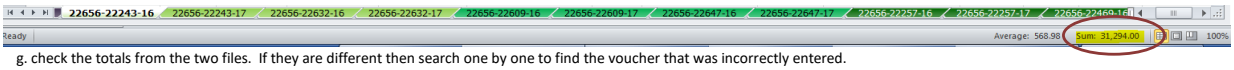
SID (%) = 22656
Bud Ref (%) = 2017
From Accounting Date = 2018-11-01
To Accounting Date = 2018-11-30
Project (%) = MHA000000022243

Manual	Acctg Date	SID	Bud Ref	Project	Voucher Type	Adj. Needed	ChartField 1	HUD Grant Number	SID Description	Voucher Request Number	Supplier Name 1	Amount	Contract # and Rent Mo.
	11/13/2018	22656	2017	MHA000000022243	J	426270	165404	ONL	HUD Continuum of Care Catchmnt	00610702	SCOTT BENINCASA	89.000	tra-00022243-182 Sep 18 CR J
	11/13/2018	22656	2017	MHA000000022243	J	426270	165404	ONL	HUD Continuum of Care Catchmnt	00610703	LION'S DEN LLC	-22.000	tra-00022243-187 Sep 18 ADJ J
	11/13/2018	22656	2017	MHA000000022243	J	426270	165404	ONL	HUD Continuum of Care Catchmnt	00610705	JOYCE MARANDOLA	-60.000	tra-00022243-174 Jun 18 ADJ J
	11/13/2018	22656	2017	MHA000000022243	J	426270	165404	ONL	HUD Continuum of Care Catchmnt	00610711	JOYCE MARANDOLA	-60.000	tra-00022243-174 Aug 18 ADJ J
	11/13/2018	22656	2017	MHA000000022243	J	426270	165404	ONL	HUD Continuum of Care Catchmnt	00610713	JOYCE MARANDOLA	-60.000	tra-00022243-174 Sep 18 ADJ J
	11/13/2018	22656	2017	MHA000000022243	J	426270	165404	ONL	HUD Continuum of Care Catchmnt	00610716	LION'S DEN LLC	-22.000	tra-00022243-187 Jun 18 ADJ J
	11/13/2018	22656	2017	MHA000000022243	J	426270	165404	ONL	HUD Continuum of Care Catchmnt	00610717	LION'S DEN LLC	-22.000	tra-00022243-187 Jul 18 ADJ J
	11/13/2018	22656	2017	MHA000000022243	J	426270	165404	ONL	HUD Continuum of Care Catchmnt	00610718	LION'S DEN LLC	-22.000	tra-00022243-187 Aug 18 ADJ J
	11/13/2018	22656	2017	MHA000000022243	J	426270	165404	ONL	HUD Continuum of Care Catchmnt	00610719	DENA CHELEDNIK	-38.000	tra-00022243-235 Sep 18 ADJ J

f. go back to the HUD_PAYMENTS file and total the amount that correspond to Green colored voucher request number

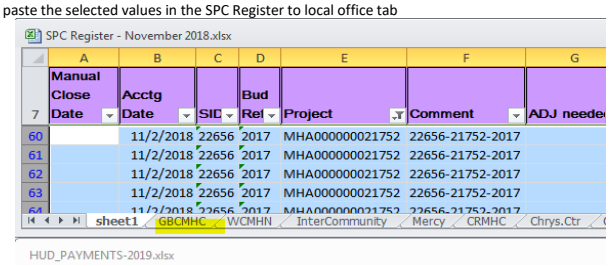


Exp.:	147,904.00			Current Year Admin:	11,832.32	# of months paid: 2		projected Yrly exp.:	958,417.92							
								projected Mnthly exp.:	73,952.00							
Bud Ref	Project	Comme	ADJ needed	Correct Grant	HUD Grant Number	SID Description	Voucher Request Numb	Vendor Name	Amount	Contract # and rent M	Check Number	Check Date	Check Amount	Contract#		
2017	MHA000000022243	22656-2224	x	22656-22243-2016	ct0210L1e051605	Danbury TRA:Cons(16)	00606059	JC WILLIAMS INVESTM	3.00	tra-00022243-236 Jul 18 AD	01246320	10/17/2018	$ 1,445.00	tra-00022243-		
2017	MHA000000022243	22656-2224	x	22656-22243-2016	ct0210L1e051605	Danbury TRA:Cons(16)	00606061	JC WILLIAMS INVESTM	3.00	tra-00022243-236 Sep 18 AD	01246320	10/17/2018	$ 1,445.00	tra-00022243-		
2017	MHA000000022243	22656-2224	x	22656-22243-2016	ct0210L1e051605	Danbury TRA:Cons(16)	00606058	JC WILLIAMS INVESTM	3.00	tra-00022243-236 Aug 18 AD	01246320	10/17/2018	$ 1,445.00	tra-00022243-		

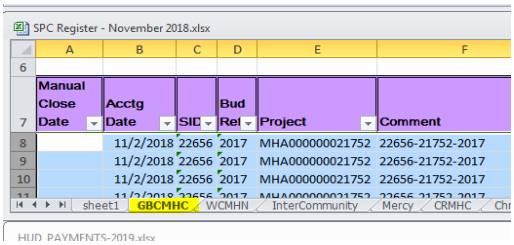


g. check the totals from the two files. If they are different then search one by one to find the voucher that was incorrectly entered.
after you have balanced you can go on to step 12

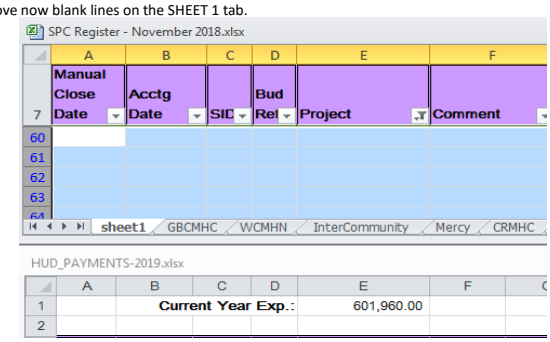
12. Cut and paste the selected values in the SPC Register to local office tab



=>



a. remove now blank lines on the SHEET 1 tab.

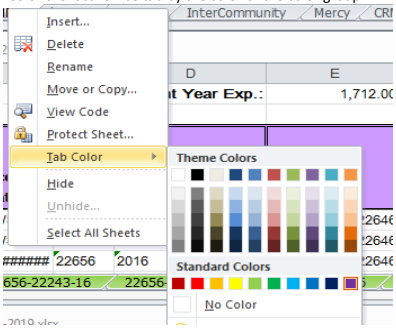


* you are done with this reconciliation tab.

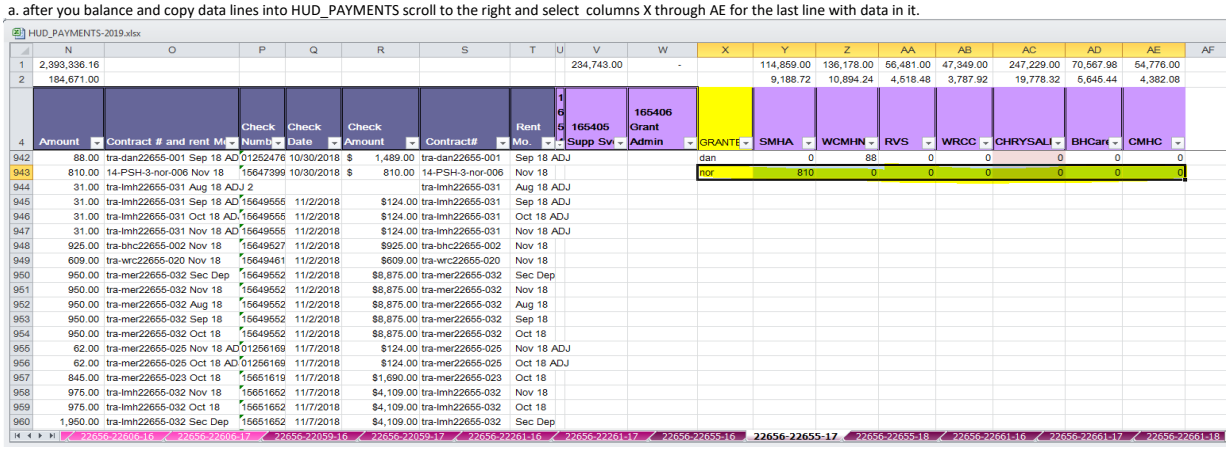
Repeat steps for 8 through 12 for rest of tabs on the HUD Reconciliation file through United Services SID 22261.

**Change to the next local office tab when the color group changes
Light medium and dark purple go to GBCMHC
Light medium and dark green go to WCMHC
Intercommunity is bright blue (project 22586) and goes to its own tab
Mercy (22626 and 22628) go to its own tab.
Light blue(22246,22468,22665,22244,22245,22642 and 22388) are CRMHC
Royal Blue (20752 and 22249)is Chrysalis Ctr
Dark blue (22591) goes to CMHA
Turquoise (22607) goes to CHR
light brown (22250) goes to Rushford Ctr
Tan(22251,22177,21536 and 22648) go to RVS
DK Brown (22659 and 22664) go to BHCare
(20901,22651 and 22663) go to OOC.
Light orange (22253,22252,21539,21816,22641,22650) go to CMHC
Pink (22256,22606) goes to SMHA
Medium Pink (22059 and 22261) goes to United Svc
DK Pink (22655) goes to HUD193
DK Pink (22661) goes to HUD134
DK Pink (22662) goes to HUD ODFC

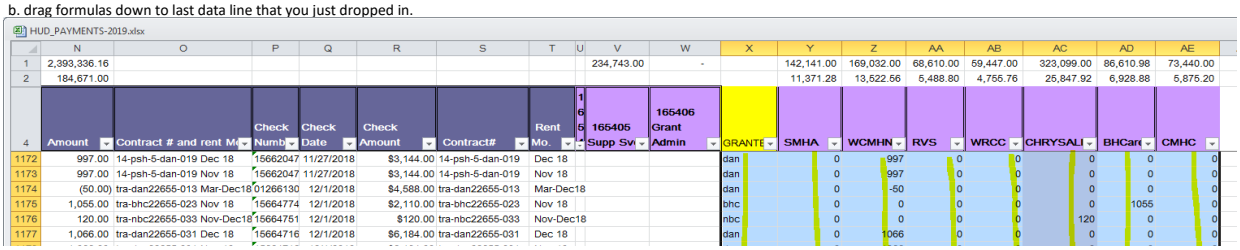
13. Color the local office tab by the color of the color group

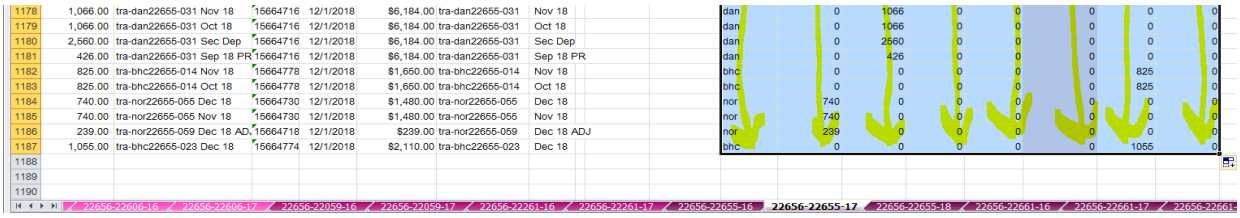


14. For the DK Pink sids (22655,22661,22662)
For the PSH Projects we need to break them down further then just the project number. We have to break them out by contract ID
repeat steps 8 - 13 as normal.
a. after you balance and copy data lines into HUD_PAYMENTS scroll to the right and select columns X through AE for the last line with data in it.

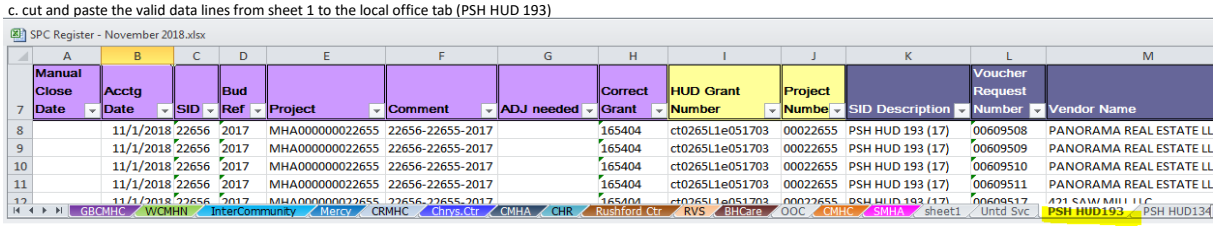


b. drag formulas down to last data line that you just dropped in.

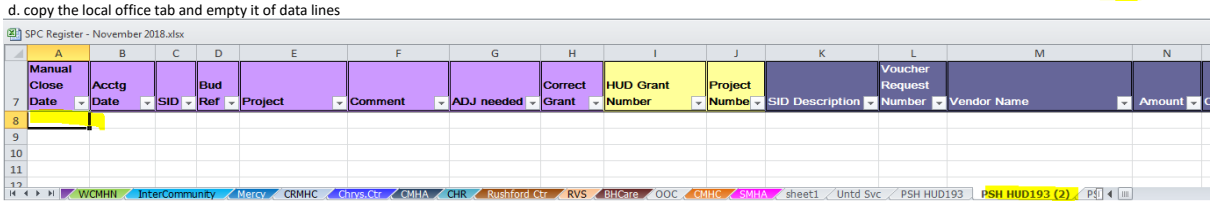




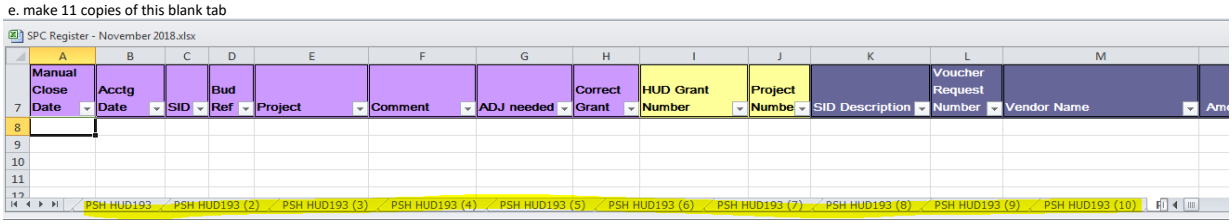
c. cut and paste the valid data lines from sheet 1 to the local office tab (PSH HUD 193)



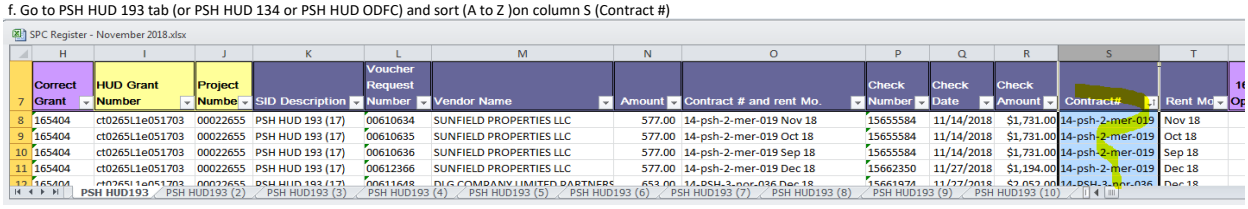
d. copy the local office tab and empty it of data lines



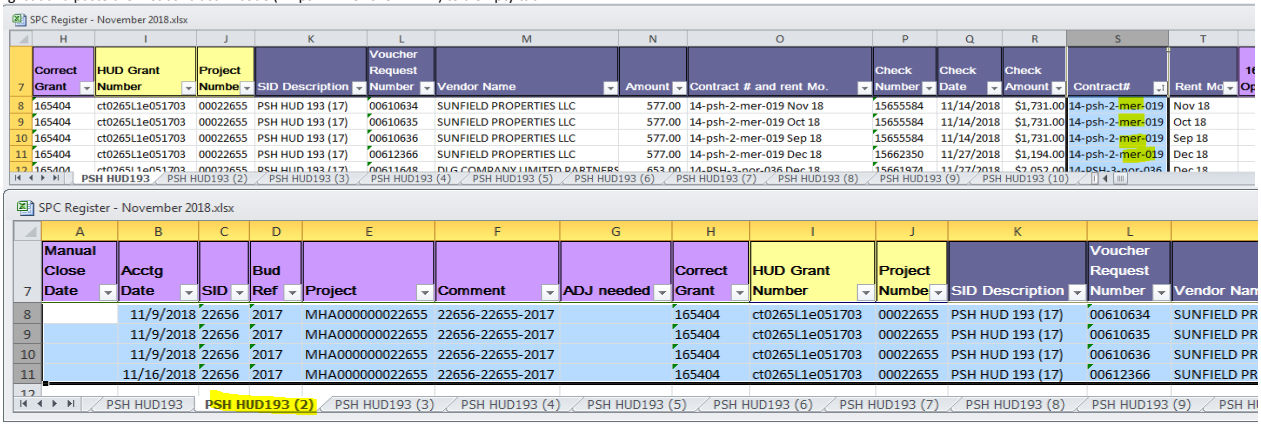
e. make 11 copies of this blank tab



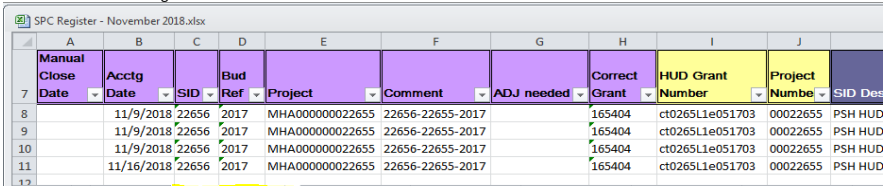
f. Go to PSH HUD 193 tab (or PSH HUD 134 or PSH HUD ODFC) and sort (A to Z)on column S (Contract #)



g. cut and paste the first contract ID code (14-psh-2-mer-019 = MER) to a empty tab



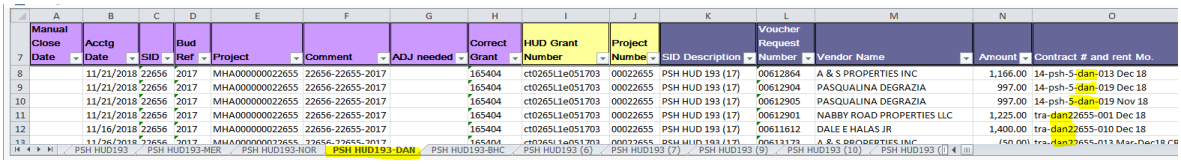
h. rename the tab adding the contract ID code.



I. go to the next contract ID code and repeat step 14 g. though h.

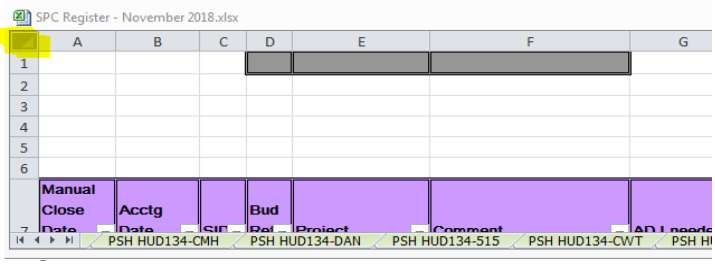
**You could have a contract ID Code repeated in 2 different formats. Both go on the same sheet.

ie: 14-psh-5-dan and TRA-dan22655

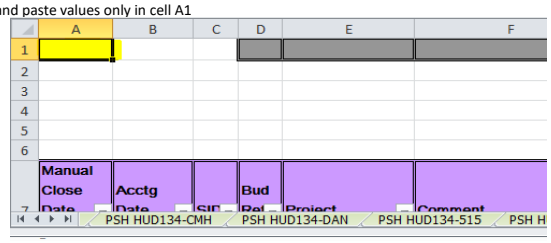


Manual Close Date	Acctg Date	SID	Bud Ref	Project	Comment	ADJ needed	Correct Grant	HUD Grant Number	Project Numbe	SID Description	Voucher Request Number	Vendor Name	Amount	Contract # and rent Mo.
	11/21/2018	22656	2017	MHA000000022655	22656-22655-2017		165404	ct0265L1e051703	00022655	PSH HUD 193 (17)	00612864	A & S PROPERTIES INC	1,166.00	14-psh-5-dan-013 Dec 18
	11/21/2018	22656	2017	MHA000000022655	22656-22655-2017		165404	ct0265L1e051703	00022655	PSH HUD 193 (17)	00612904	PASQUALINA DEGRAZIA	997.00	14-psh-5-dan-019 Dec 18
	11/21/2018	22656	2017	MHA000000022655	22656-22655-2017		165404	ct0265L1e051703	00022655	PSH HUD 193 (17)	00612905	PASQUALINA DEGRAZIA	997.00	14-psh-5-dan-019 Nov 18
	11/21/2018	22656	2017	MHA000000022655	22656-22655-2017		165404	ct0265L1e051703	00022655	PSH HUD 193 (17)	00612901	NABBY ROAD PROPERTIES LLC	1,225.00	tra-dan22655-001 Dec 18
	11/16/2018	22656	2017	MHA000000022655	22656-22655-2017		165404	ct0265L1e051703	00022655	PSH HUD 193 (17)	00611612	DALE E HALAS JR	1,400.00	tra-dan22655-010 Dec 18

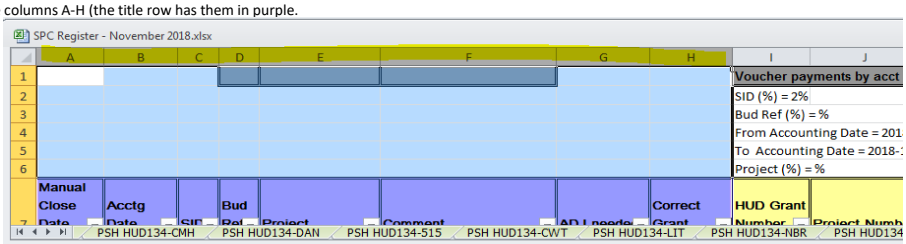
15. When you are done, the sheet1 tab should have no data. IF this is correct, delete the tab. If there is still data, Locate the project number and review that tab.
16. For each tab on the SPC Register, break link and remove columns A-H
    a. select all cells



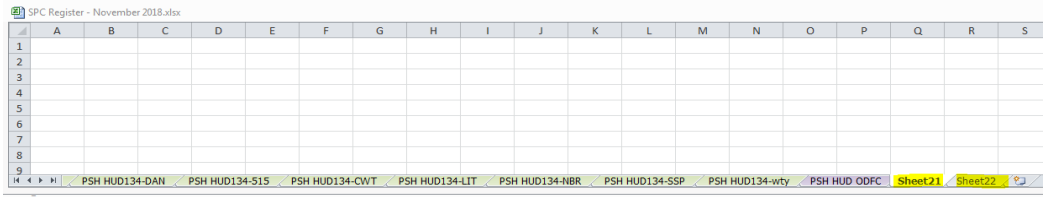
    b. copy and paste values only in cell A1



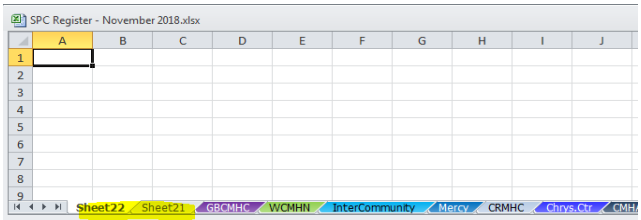
    c. remove columns A-H (the title row has them in purple.



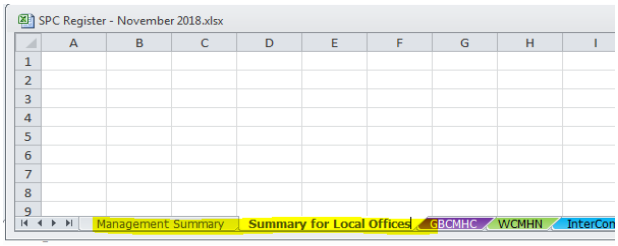
    * this will move the report header to cell A1. The tab is now ready for the local office.
    d. repeat step 16 a-c for all tabs.
    e. save the file
17. Go to end of tabs and insert 2 blank tabs for summary pages.
    a. You need to add 2 tabs for the summary pages.



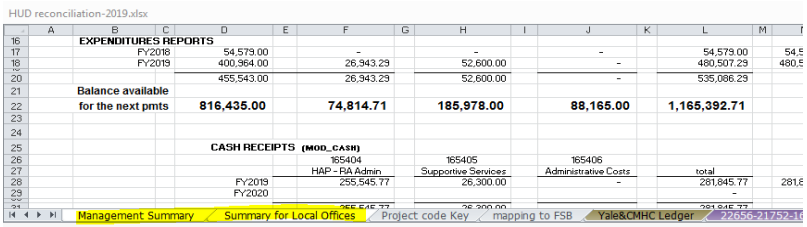
    b. Move the tabs to the beginning of the spreadsheet.



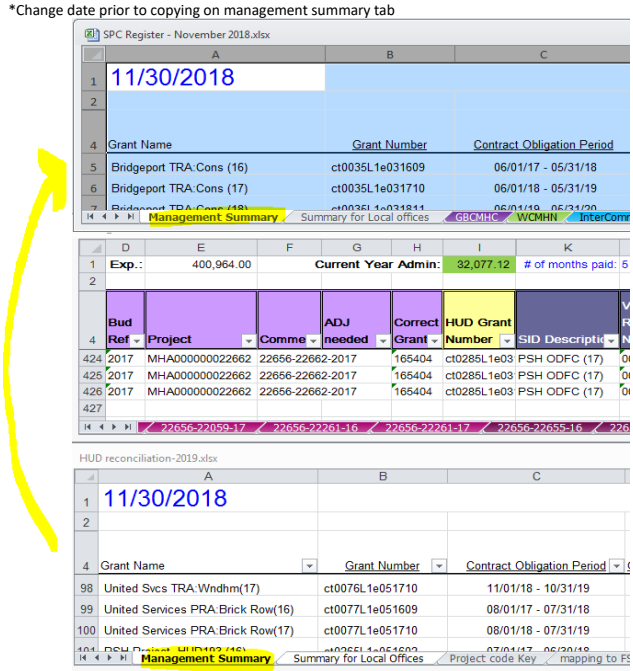
    c. Rename them [Management Summary] and [Summary for Local Offices]



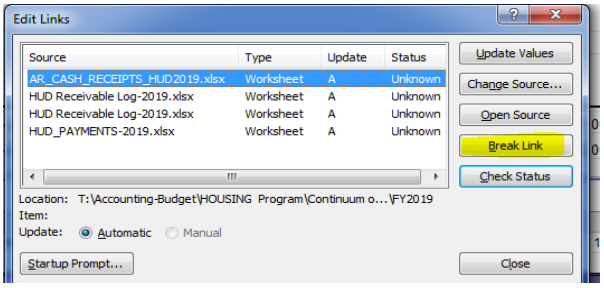
    d. Go to the beginning of the tabs in the HUD Reconciliation spreadsheet



e. copy and paste the summary tabs in the HUD Reconciliation spreadsheet into the correcsponding tab in the SPC Register spreadsheet.
*Change date prior to copying on management summary tab



f. break links in SPC Register. Be careful not to break links in the HUD_PAYMENTS and HUD Reconciliation files.



g. On summary for local offices, Highlight any grant that has fewer months available then needed

OPEN GRANTS ONLY

Contract Obligation Period	Allotted funds for HAP/Leasg	Total Rental Assistance	Balance available for HAP	Balance available for RA Admin	Est. Monthly Expenditures	# of months Available	# of months Needed	CORE Mapping
06/01/17 - 05/31/18	1,372,112.00	1,357,791.00	**14,321.00**	1,144.72				22656-21752-2016
06/01/18 - 05/31/19	1,427,611.00	834,015.00	**593,596.00**	56,897.56	109,447.27	5	**5**	22656-21752-2017
06/01/19 - 05/31/20	1,427,611.00	-	**1,427,611.00**	114,209.00	-		**17**	22656-21752-2018
10/01/17 - 09/30/18	151,356.00	104,555.00	**46,801.00**	3,743.60	-		**3**	22656-21871-2016
10/01/18 - 09/30/19	142,211.00	-	**142,211.00**	11,377.00	-		**14**	22656-21871-2017
09/01/17 - 08/31/18	176,578.00	156,974.99	**19,603.01**	1,568.00				22656-22258-2016
09/01/18 - 08/31/19	154,667.00	41,672.00	**112,995.00**	10,082.68	13,890.67	8	**9**	22656-22258-2017
06/01/17 - 05/31/18	475,566.67	451,652.86	**23,913.81**	570.94				22656-20856-2016
06/01/18 - 05/31/19	483,233.00	335,146.00	**148,087.00**	15,069.40	36,819.67	4	**5**	22656-20856-2017
06/01/17 - 05/31/18	213,281.49	187,790.00	**25,491.49**	4,042.83				22656-21713-2016
06/01/18 - 05/31/19	216,300.00	147,654.00	**68,646.00**	6,709.28	17,241.53	3	**5**	22656-21713-2017
01/01/18 - 12/31/18	190,400.00	181,945.00	**8,455.00**	15,232.00	16,752.80	0	**1**	22656-21714-2016
01/01/19 - 12/31/19	179,978.00	-	**179,978.00**	14,398.00	-		**12**	22656-21714-2017

18. email the SPC register to Alice Minervino and Lisa Callahan.

E. Check Reconciliation tabs in HUD-RECONCILIATION workbook

1. Check to see that balancing cells are zero on all tabs

Row	B	D	E	F	H	J	L	N	O	P	Q
13		RA-1040			1050	1060		Reconciled			
14		HAP		RA Admiin	Supportive Services	Grant Admin	total	to RECEIVABLE LOG			
15		**95,000.00**		**7,600.00**		**6,985.00**	**109,585.00**				
16	**EXPENDITURES REPORTS**										
17	FY2019	20,436.00		1,084.56	-	1,747.00	23,267.56	23,267.56	ok	-	
18	FY2020						278.00			(278.00)	
19				278.00							
20		20,436.00		1,362.56	-	1,747.00	23,545.56				
21	**Balance available**									278.00	move admin from 22626-16 to 22626-17
22	**for the next pmts**	**74,564.00**		**6,237.44**	**-**	**5,238.00**	**86,039.44**				
23											
24											
25		**CASH RECEIPTS (MOD_CASH)**									
26				165404	165405	165406				-	
27				HAP - RA Admin	Supportive Services	Administrative Costs	total				
28		FY2019		6,678.00	-	-	6,678.00	6,678.00	ok	-	
29		FY2020					-			-	
31				6,678.00	-	-	6,678.00				
32										-	
33		**RECEIVABLE**		15,120.56	-	1,747.00					
34			in review								
35			on hold	-	-	-					
36				**15,120.56**	**-**	**1,747.00**					
37											
38											
39		**LOCCS PROJECT STATUS: as of 10/28/18**									
40				1040	1050	1060					
41				Rental Assistance	Supportive Services	Administrative Costs					
42			Auth	**102,600.00**	-	**6,985.00**					
43			Prvsly drawn by LMHA	-	-	-	total				
44				**102,600.00**	-	**6,985.00**	**109,585.00**				

2. Cash receipts should load automatically. This should reconcile back to the receivable log
   a. If draws were done at the end of the previous month and deposits at the beginning of the current month, run epm report for cash receives in the current month.
      * Yes it won't balance to the receivable log but it will all you to see your current receivable.

Row	B	D	E	F	H	J	L	N	O	P	Q
13		RA-1040			1050	1060		Reconciled			
14		HAP		RA Admiin	Supportive Services	Grant Admin	total	to RECEIVABLE LOG			
15		**95,000.00**		**7,600.00**		**6,985.00**	**109,585.00**				
16	**EXPENDITURES REPORTS**										
17	FY2019	20,436.00		1,084.56	-	1,747.00	23,267.56	23,267.56	ok	-	
18	FY2020						278.00			(278.00)	
19				278.00							
20		20,436.00		1,362.56	-	1,747.00	23,545.56				
21	**Balance available**									278.00	move a
22	**for the next pmts**	**74,564.00**		**6,237.44**	**-**	**5,238.00**	**86,039.44**				
23											
24											
25		**CASH RECEIPTS (MOD_CASH)**									
26				165404	165405	165406				-	
27				HAP - RA Admin	Supportive Services	Administrative Costs	total				
28		FY2019		13,557.00	-	1,747.00	15,304.00	6,678.00	error	(8,626.00)	
29		FY2020					-			-	
31				13,557.00	-	1,747.00	15,304.00				
32										(8,626.00)	
33		**RECEIVABLE**		8,241.56	-	-					
34			in review								
35			on hold	-	-	-					
36				**8,241.56**	-	-					
37											
38											
39		**LOCCS PROJECT STATUS: as of 10/28/18**									
40				1040	1050	1060					
41				Rental Assistance	Supportive Services	Administrative Costs					
42			Auth	**102,600.00**	-	**6,985.00**					
43			Prvsly drawn by LMHA	-	-	-	total				
44				**102,600.00**	-	**6,985.00**	**109,585.00**				
45			requested to date	13,557.00		1,747.00					
46			in process				15,304.00				
47			balance	89,043.00	-	5,238.00	94,281.00				
48											
49						DRAWDOWN VARIANCE	-				

   b. checking the status in LOCCS will confirm that the cash receipts is correct.

3. change date and LOCCS PROJECT STATUS as of on the Yale&CMHC Ledger tab of the HUD Reconciliation workbook.

SPC Admin Fee account for Yale University and the CMHC Staff

	FY2019			(77,402.41)	Starting Allotment
				(77,402.41)	
8/31/2018	June Admin	17,422.64		(94,825.05)	
9/25/2018	July-Aug Admin	35,100.40		(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
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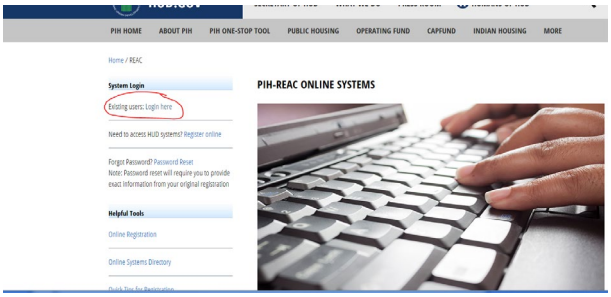
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	
				(129,925.45)	Ending Allotment
		52,523.04	-		
	LOCCS PROJECT STATUS: as of 12/12/18				
	12 / 2018				

a. The date [12/2018] is the date of rents for the current month.
ie: December rents are paid in November

b. The LOCCS date is as of today

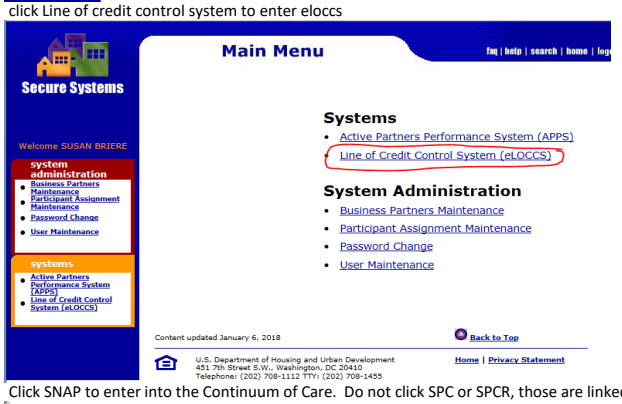
4. Log into ELOCCS to update project status
   https://www.hud.gov/program_offices/public_indian_housing/reac/online
   * you must log into ELOCCS within 90 days to keep your account active
   a. Click existing users



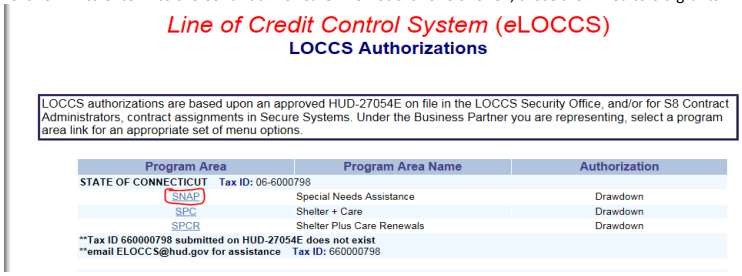
b. and enter user name and password.

c. click accept after you read message of the day.

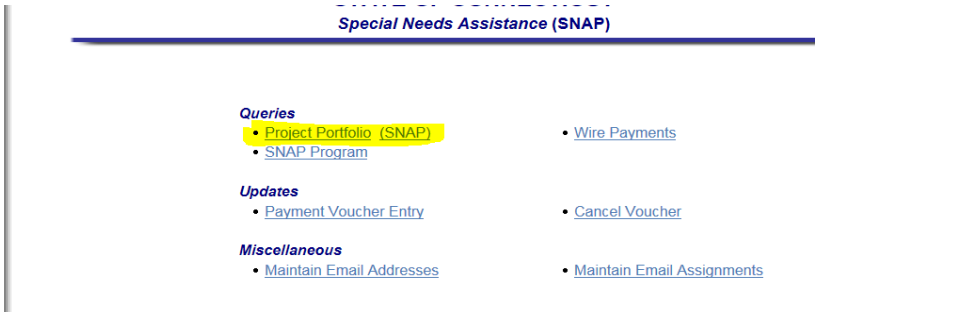
d. click Line of credit control system to enter eloccs



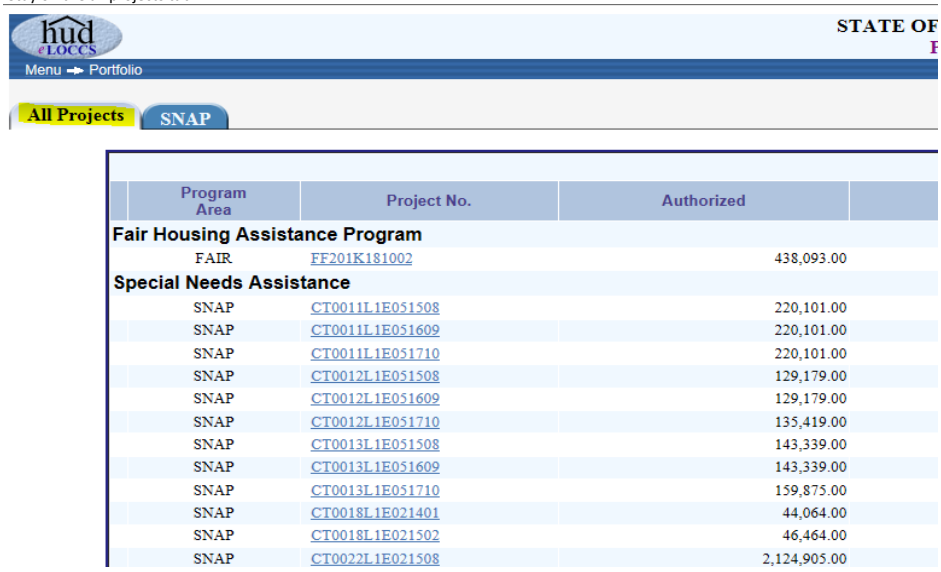
e. Click SNAP to enter into the Continuum of Care. Do not click SPC or SPCR, those are linked to old grants



5. Log into Project Portfolio (SNAP) for grant query.

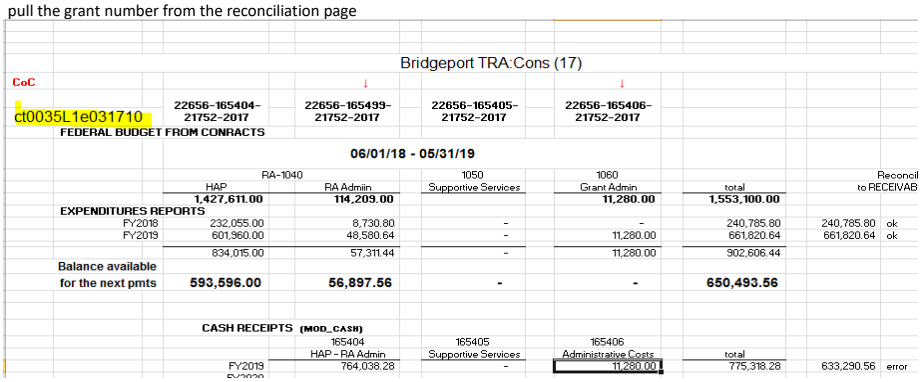


a. Stay on the all projects tab



Program Area	Project No.	Authorized
Fair Housing Assistance Program		
FAIR	FF201K181002	438,093.00
Special Needs Assistance		
SNAP	CT0011L1E051508	220,101.00
SNAP	CT0011L1E051609	220,101.00
SNAP	CT0011L1E051710	220,101.00
SNAP	CT0012L1E051508	129,179.00
SNAP	CT0012L1E051609	129,179.00
SNAP	CT0012L1E051710	135,419.00
SNAP	CT0013L1E051508	143,339.00
SNAP	CT0013L1E051609	143,339.00
SNAP	CT0013L1E051710	159,875.00
SNAP	CT0018L1E021401	44,064.00
SNAP	CT0018L1E021502	46,464.00
SNAP	CT0022L1E021508	2,124,905.00

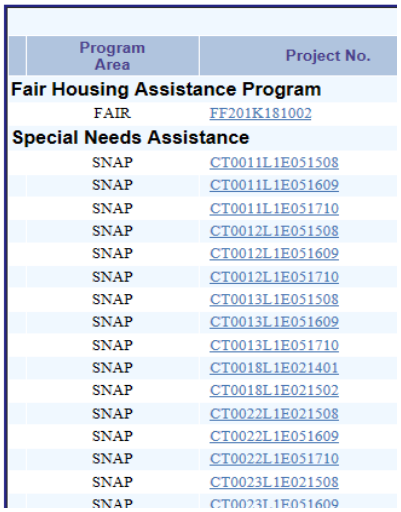
b. pull the grant number from the reconciliation page



Bridgeport TRA:Cons (17)

CoC							
ct0035L1e031710	22656-165404-21752-2017	22656-165499-21752-2017	22656-165405-21752-2017	22656-165406-21752-2017			
FEDERAL BUDGET FROM CONRACTS							
06/01/18 - 05/31/19							
	RA-1040		1050	1060			Reconcil
	HAP	RA Admin	Supportive Services	Grant Admin	total		to RECEIVAB
	1,427,611.00	**114,209.00**		**11,280.00**	**1,553,100.00**		
EXPENDITURES REPORTS							
FY2018	232,055.00	8,730.80	-	-	240,785.80	240,785.80	ok
FY2019	601,960.00	48,580.64	-	11,280.00	661,820.64	661,820.64	ok
	834,015.00	57,311.44	-	11,280.00	902,606.44		
Balance available							
for the next pmts	**593,596.00**	**56,897.56**	**-**	**-**	**650,493.56**		
CASH RECEIPTS (MOD_CASH)							
	165404		165405	165406			
	HAP - RA Admin		Supportive Services	Administrative Costs	total		
FY2019	764,038.28		-	11,280.00	775,318.28	633,290.56	error

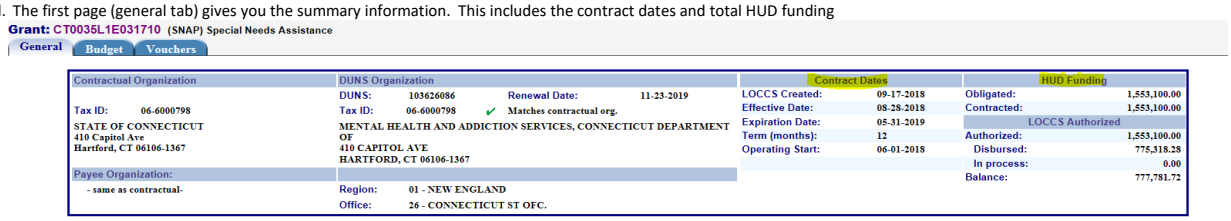
c. click on the corresponding link in ELOCCS



Program Area	Project No.
Fair Housing Assistance Program	
FAIR	FF201K181002
Special Needs Assistance	
SNAP	CT0011L1E051508
SNAP	CT0011L1E051609
SNAP	CT0011L1E051710
SNAP	CT0012L1E051508
SNAP	CT0012L1E051609
SNAP	CT0012L1E051710
SNAP	CT0013L1E051508
SNAP	CT0013L1E051609
SNAP	CT0013L1E051710
SNAP	CT0018L1E021401
SNAP	CT0018L1E021502
SNAP	CT0022L1E021508
SNAP	CT0022L1E051609
SNAP	CT0022L1E051710
SNAP	CT0023L1E021508
SNAP	CT0023L1E051609

SNAP	CT0023L1E051710
SNAP	CT0024L1E021508
SNAP	CT0033L1E031508
SNAP	CT0033L1E031609
SNAP	CT0033L1E031710
SNAP	CT0034L1E031407
SNAP	CT0034L1E031508
SNAP	CT0034L1E031609
SNAP	CT0034L1E031710
SNAP	CT0035L1E031508
SNAP	CT0035L1E031609
SNAP	CT0035L1E031710
SNAP	CT0052L1E051508

d. The first page (general tab) gives you the summary information. This includes the contract dates and total HUD funding

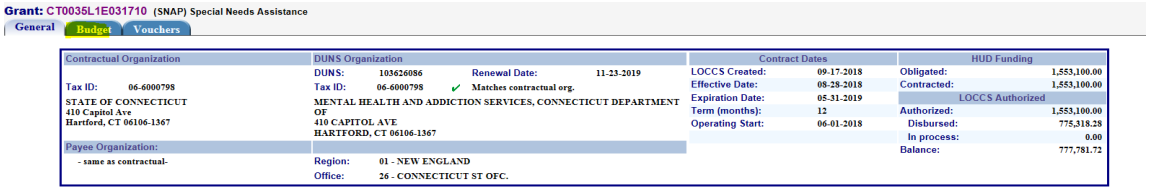


Grant: CT0035L1E031710 (SNAP) Special Needs Assistance

General | Budget | Vouchers

Contractual Organization		DUNS Organization			Contract Dates		HUD Funding	
		DUNS:	103626086	Renewal Date: 11-23-2019	LOCCS Created:	09-17-2018	Obligated:	1,553,100.00
Tax ID:	06-6000798	Tax ID:	06-6000798	✔ Matches contractual org.	Effective Date:	08-28-2018	Contracted:	1,553,100.00
STATE OF CONNECTICUT 410 Capitol Ave Hartford, CT 06106-1367		MENTAL HEALTH AND ADDICTION SERVICES, CONNECTICUT DEPARTMENT OF 410 CAPITOL AVE HARTFORD, CT 06106-1367			Expiration Date:	05-31-2019	LOCCS Authorized	
Payee Organization:					Term (months):	12	Authorized:	1,553,100.00
- same as contractual-		Region:	01 - NEW ENGLAND		Operating Start:	06-01-2018	Disbursed:	775,318.28
		Office:	26 - CONNECTICUT ST OFC.				In process:	0.00
							Balance:	777,781.72

e. Click on the BUDGET tab for line item

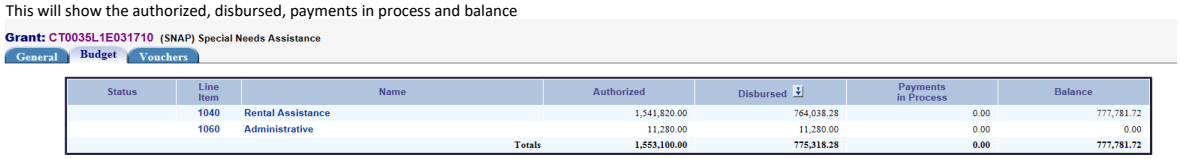


Grant: CT0035L1E031710 (SNAP) Special Needs Assistance

General | Budget | Vouchers

Contractual Organization		DUNS Organization			Contract Dates		HUD Funding	
		DUNS:	103626086	Renewal Date: 11-23-2019	LOCCS Created:	09-17-2018	Obligated:	1,553,100.00
Tax ID:	06-6000798	Tax ID:	06-6000798	✔ Matches contractual org.	Effective Date:	08-28-2018	Contracted:	1,553,100.00
STATE OF CONNECTICUT 410 Capitol Ave Hartford, CT 06106-1367		MENTAL HEALTH AND ADDICTION SERVICES, CONNECTICUT DEPARTMENT OF 410 CAPITOL AVE HARTFORD, CT 06106-1367			Expiration Date:	05-31-2019	LOCCS Authorized	
Payee Organization:					Term (months):	12	Authorized:	1,553,100.00
- same as contractual-		Region:	01 - NEW ENGLAND		Operating Start:	06-01-2018	Disbursed:	775,318.28
		Office:	26 - CONNECTICUT ST OFC.				In process:	0.00
							Balance:	777,781.72

f. This will show the authorized, disbursed, payments in process and balance

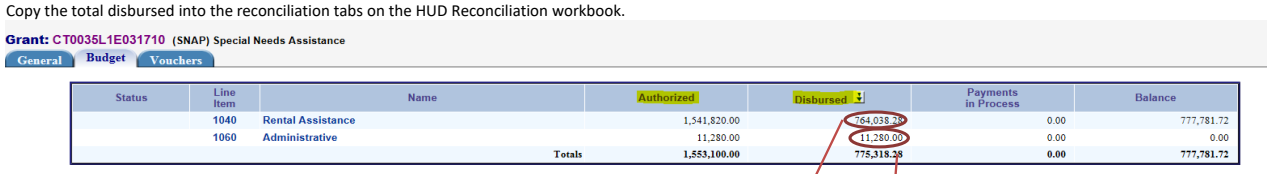


Grant: CT0035L1E031710 (SNAP) Special Needs Assistance

General | Budget | Vouchers

Status	Line Item	Name	Authorized	Disbursed	Payments in Process	Balance
	1040	Rental Assistance	1,541,820.00	764,038.28	0.00	777,781.72
	1060	Administrative	11,280.00	11,280.00	0.00	0.00
		Totals	1,553,100.00	775,318.28	0.00	777,781.72

6. Copy the total disbursed into the reconciliation tabs on the HUD Reconciliation workbook.

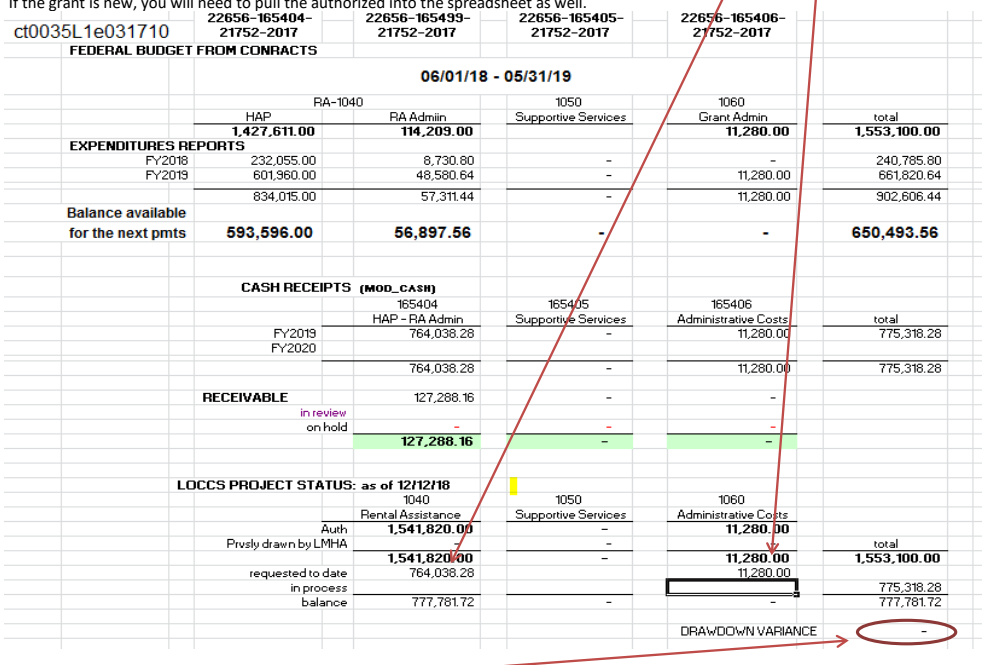


Grant: CT0035L1E031710 (SNAP) Special Needs Assistance

General | Budget | Vouchers

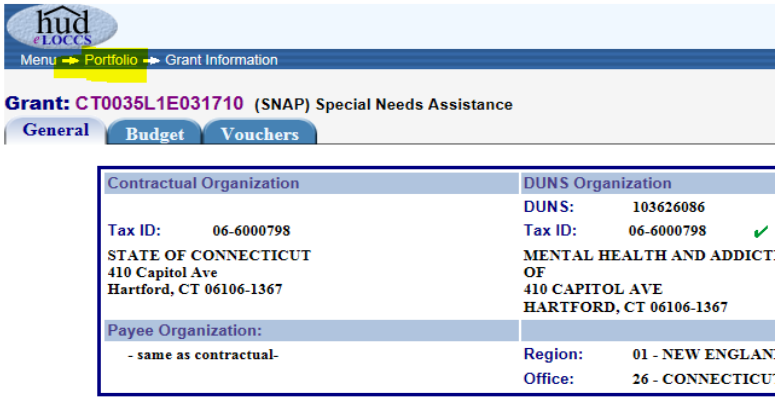
Status	Line Item	Name	Authorized	Disbursed	Payments in Process	Balance
	1040	Rental Assistance	1,541,820.00	764,038.28	0.00	777,781.72
	1060	Administrative	11,280.00	11,280.00	0.00	0.00
		Totals	1,553,100.00	775,318.28	0.00	777,781.72

a. If the grant is new, you will need to pull the authorized into the spreadsheet as well.



ct0035L1e031710	22656-165404-21752-2017	22656-165499-21752-2017	22656-165405-21752-2017	22656-165406-21752-2017	
FEDERAL BUDGET FROM CONRACTS					
		06/01/18 - 05/31/19			
	RA-1040		1050	1060	
	HAP	RA Admiin	Supportive Services	Grant Admin	total
	1,427,611.00	**114,209.00**		**11,280.00**	**1,553,100.00**
EXPENDITURES REPORTS					
FY2018	232,055.00	8,730.80	-	-	240,785.80
FY2019	601,960.00	48,580.64	-	11,280.00	661,820.64
	834,015.00	57,311.44	-	11,280.00	902,606.44
Balance available for the next pmts	**593,596.00**	**56,897.56**	**-**	**-**	**650,493.56**
CASH RECEIPTS (MOD_CASH)					
	165404		165405	165406	
	HAP - RA Admin		Supportive Services	Administrative Costs	total
FY2019	764,038.28		-	11,280.00	775,318.28
FY2020					
	764,038.28		-	11,280.00	775,318.28
RECEIVABLE	127,288.16		-	-	
in review					
on hold	-		-	-	
	127,288.16		-	-	
LOCCS PROJECT STATUS: as of 12/12/18					
	1040		1050	1060	
	Rental Assistance		Supportive Services	Administrative Costs	
Auth	**1,541,820.00**		-	**11,280.00**	
Prvsly drawn by LMHA			-		total
	1,541,820.00		-	**11,280.00**	**1,553,100.00**
requested to date	764,038.28			11,280.00	
in process					775,318.28
balance	777,781.72		-	-	777,781.72
				DRAWDOWN VARIANCE	-

b. The drawdown variance should equal to Zero.
c. click on porfolio to go to next grant



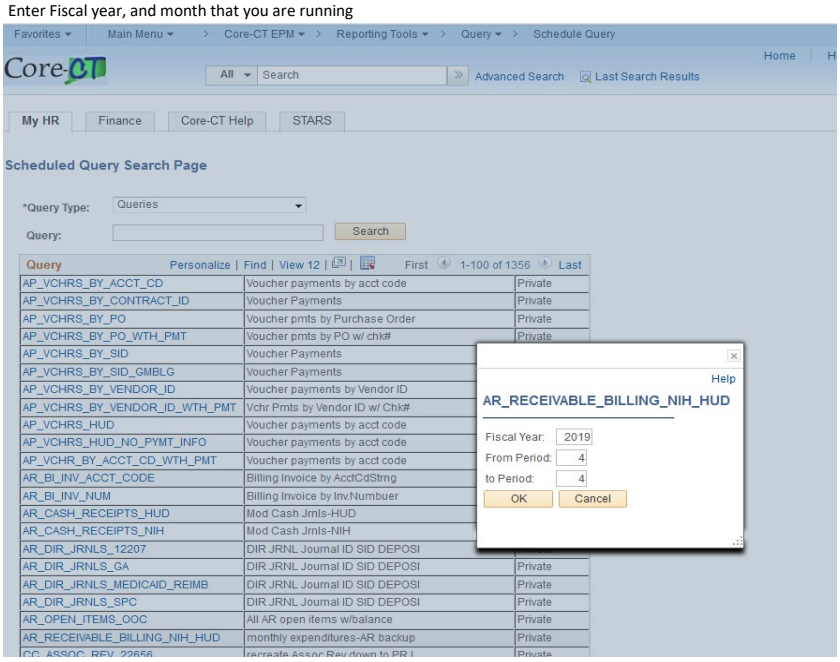
7. complete this for all tabs on the HUD Reconciliation page.
8. PRINT all balancing reconciliations that have a receivable to prepare for drawdown
   * set these aside to use in II-F and II-G.

F. Set up receivables for DRAWDOWN

1. Run Monthly expenditures in CORE-EPM. This report pulls from the trial balance

a. AR_RECEIVABLE_BILLING_NIH_HUD

Enter Fiscal year, and month that you are running



Download to Excel and save as AR_RECEIVABLE_BILLING_NIH_HUD-October (change month for each report)

* save to T:\Accounting-Budget\Susan\Billing\FY19

b. remove column for periods earlier then the month you are working on. For this example, remove periods 1 through 3

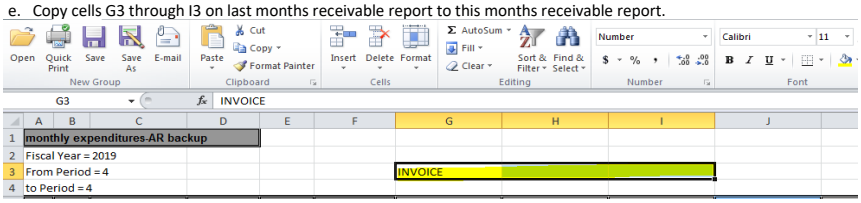
c. Open previous months billing and copy titles from the month through total receivable check

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	monthly expenditures-AR backup													
2	Fiscal Year = 2019													
3	From Period = 3						INVOICE							
4	to Period = 3													
6	Year	SID	Project	ChartField 1	Bud Ref	September 2018	Remove corrections posted in September 18	Add corrections posted in October 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√	
7	2019	22656	MHA000000020752	165404	2016	14,662.00	-	-	-	14,662.00	-	14,662.00	ok	
8	2019	22656	MHA000000021536	165404	2016	11,640.00	-	-	2,034.00	13,674.00	-	13,674.00	ok	

d. Post headers on epm download and change month names.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	monthly expenditures-AR backup												
2	Fiscal Year = 2019												
3	From Period = 4												
4	to Period = 4												
6	Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√
7	2019	20865	MHA_NONPROJECT		2003	-17048.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00

e. Copy cells G3 through I3 on last months receivable report to this months receivable report.



f. Add sub total of columns F through I into column J and columns J through K into columns L. Blank out column M and remove any columns stil to the right of column M

AR_RECEIVABLE_BILLING_NIH_HUD-1147614.xlsx [Read-Only]

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	monthly expenditures-AR backup												
2	Fiscal Year = 2019												
3	From Period = 4						INVOICE						
4	to Period = 4												
6	Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√
7	2019	22656	MHA000000022246	165404	2015	-79.00	0.00	0.00	0.00	-79.00	1.00	-78.00	
8	2019	22656	MHA000000022249	165404	2015	736.00	0.00	0.00	0.00	736.00	2.00	738.00	
9	2019	22656	MHA000000022658	165405	2015	-2067.00	0.00	0.00	0.00	-2067.00	3.00	-2064.00	
10	2019	22656	MHA000000022658	165406	2015	-696.00	0.00	0.00	0.00	-696.00	4.00	-692.00	
11	2019	22656	MHA000000020752	165404	2016	13881.00	0.00	0.00	0.00	13881.00	5.00	13886.00	
12	2019	22656	MHA000000021536	165404	2016	11575.00	0.00	0.00	0.00	11575.00	6.00	11581.00	

g. create a copy of the tab and label it NIH. Delete all lines for SID 22656 and SID 20865

AR_RECEIVABLE_BILLING_NIH_HUD-October.xlsx

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
2	Fiscal Year = 2019													
3	From Period = 4						INVOICE							
4	to Period = 4													
6	Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√	
7	2019	20777	MHA_NONPROJECT	165108	2018	3769.00	0.00	0.00	0.00	3769.00	133.00	3902.00		
8	2019	20777	MHA_NONPROJECT		2019	17500.00	0.00	0.00	0.00	17500.00	134.00	17634.00		
9	2019	20777	MHA_NONPROJECT	165108	2019	184490.00	0.00	0.00	0.00	184490.00	135.00	184625.00		
10														
11														
12														
13														

sheet1 NIH

h. change name of first tab to HUD and delete SID 20777

AR_RECEIVABLE_BILLING_NIH_HUD-October.xlsx

	A	B	C	D	E	F	G	H	I	J	K	L	M
133	2019	22656	MHA000000022607	165499	2017	3050.48	0.00	0.00	0.00	3050.48	127.00	3177.48	
134	2019	22656	MHA000000022609	165499	2017	1194.32	0.00	0.00	0.00	1194.32	128.00	1322.32	
135	2019	22656	MHA000000022628	165499	2017	3352.72	0.00	0.00	0.00	3352.72	129.00	3481.72	
136	2019	22656	MHA000000022655	165499	2017	-13764.25	0.00	0.00	0.00	-13764.25	130.00	-13634.25	
137	2019	22656	MHA000000022659	165499	2017	2684.08	0.00	0.00	0.00	2684.08	131.00	2815.08	
138	2019	22656	MHA000000022665	165499	2017	728.24	0.00	0.00	0.00	728.24	132.00	860.24	
139													
140													
141													
142													
143													
144													
145													
146													
147													

HUD NIH

i. Remove all adjustments noted on previous months future corrections column (column H) in current months column G.

AR_RECEIVABLE_BILLING_NIH_HUD-September.xlsx

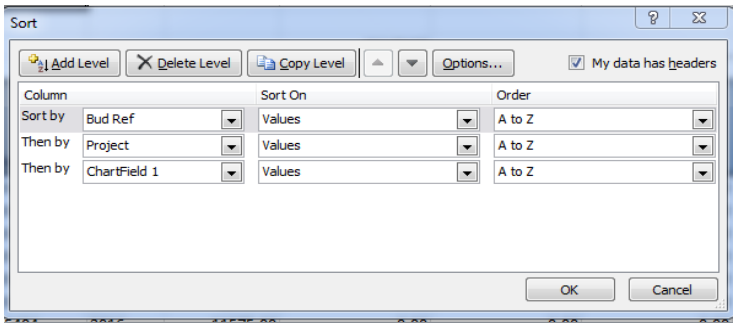
	A	B	C	D	E	F	G	H	I	J	K	L
4	to Period = 3											
6	Year	SID	Project	ChartField 1	Bud Ref	September 2018	Remove corrections posted in September 18	Add corrections posted in October 18	Adjustments	Subtotal - BILLING	open Receivable	Tot Receiv
75	2019	22656	MHA000000022246	165404	2015	79.00	-	(79.00)	-	-	-	
76	2019	22656	MHA000000022249	165404	2015	1,472.00	(2,208.00)	736.00	-	-	-	
77	2019	22656	MHA000000022606	165404	2015	(822.00)	822.00	-	-	-	-	
78	2019	22656	MHA000000022655	165404	2015	684.00	(684.00)	-	-	-	-	

HUD

AR_RECEIVABLE_BILLING_NIH_HUD-October.xlsx

	A	B	C	D	E	F	G	H	I	J
1	monthly expenditures-AR backup									
2	Fiscal Year = 2019									
3	From Period = 4						INVOICE			
4	to Period = 4									
6	Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING
7	2019	22656	MHA000000022246	165404	2015	-79.00	79.00	0.00	0.00	0.00
8	2019	22656	MHA000000022249	165404	2015	736.00	-736.00	0.00	0.00	0.00

j. sort report by Bud Ref then Project then chartfield 1



2. Reconcile EPM report to reconciliation pages printed in II-E

a. Move any expenditures charged to chartfield 1#165499 to chartfield 1#165404.

* this is because we need to keep expenditures for the 8% admin separate in CORE so we can monitor how close we are to the max.

But for drawdown purposes, the 8% is rolled into HAP making up the rental assistance silo.

monthly expenditures-AR backup												
Fiscal Year = 2019												
From Period = 4						INVOICE						

to Period = 4

Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√
2019	22656	MHA000000021713	165499	2017	1907.52	0.00	0.00	0.00	1907.52	0.00	1907.52	
2019	22656	MHA000000021752	165404	2017	120827.00	0.00	0.00	9920.72	130747.72	0.00	130747.72	
2019	22656	MHA000000021752	165406	2017	11280.00	0.00	0.00	0.00	11280.00	0.00	11280.00	
2019	22656	MHA000000021752	165499	2017	9920.72	0.00	0.00	-9920.72	0.00	0.00	0.00	
2019	22656	MHA000000021816	165404	2017	-130.00	0.00	0.00	0.00	-130.00	0.00	-130.00	
2019	22656	MHA000000022059	165404	2017	4817.00	0.00	0.00	0.00	4817.00	0.00	4817.00	

b. take the reconciliation page and match up the chartfield 1 subtotal to the reconciliation page.

AR_RECEIVABLE_BILLING_NIH_HUD-October.xlsx

monthly expenditures-AR backup
Fiscal Year = 2019
From Period = 4
INVOICE
to Period = 4

Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√
2019	22656	MHA000000021713	165499	2017	1907.52	0.00	0.00	0.00	1907.52	0.00	1907.52	
2019	22656	MHA000000021752	165404	2017	120827.00	0.00	0.00	9920.72	130747.72	0.00	130747.72	
2019	22656	MHA000000021752	165406	2017	11280.00	0.00	0.00	0.00	11280.00	0.00	11280.00	
2019	22656	MHA000000021752	165499	2017	9920.72	0.00	0.00	-9920.72	0.00	0.00	0.00	
2019	22656	MHA000000021816	165404	2017	-130.00	0.00	0.00	0.00	-130.00	0.00	-130.00	
2019	22656	MHA000000022059	165404	2017	4817.00	0.00	0.00	0.00	4817.00	0.00	4817.00	

HUD reconciliation-2019.xlsx

Deposit # _____

Bridgeport TRA:Cons (17)

CoC

	22656-165404-21752-2017	22656-165499-21752-2017	22656-165405-21752-2017	22656-165406-21752-2017	
ct0035L1e031710					
FEDERAL BUDGET FROM CONRACTS					
06/01/18 - 05/31/19					
	RA-1040		1050	1060	
	HAP	RA Admiin	Supportive Services	Grant Admin	total
	1,427,611.00	**114,209.00**		**11,280.00**	**1,553,100.00**
EXPENDITURES REPORTS					
FY2018	232,055.00	8,730.80	-	-	240,785.80
FY2019	484,338.00	38,914.48	-	11,280.00	534,532.48
	716,393.00	47,645.28	-	11,280.00	775,318.28
Balance available for the next pmts	**711,218.00**	**66,563.72**	**-**	**-**	**777,781.72**
CASH RECEIPTS (MOD_CASH)					
	165404		165405	165406	
	HAP - RA Admin		Supportive Services	Administrative Costs	total
FY2019		633,290.56	-	-	633,290.56
FY2020					
		633,290.56	-	-	633,290.56
RECEIVABLE		130,747.72	-	11,280.00	
in review		-	-	-	
on hold		**130,747.72**	-	**11,280.00**	

c. If they match then put ok in the check column

monthly expenditures-AR backup
Fiscal Year = 2019
From Period = 4
INVOICE
to Period = 4

Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√
2019	22656	MHA000000021713	165499	2017	1907.52	0.00	0.00	0.00	1907.52	0.00	1907.52	
2019	22656	MHA000000021752	165404	2017	120827.00	0.00	0.00	9920.72	130747.72	0.00	130747.72	ok
2019	22656	MHA000000021752	165406	2017	11280.00	0.00	0.00	0.00	11280.00	0.00	11280.00	ok
2019	22656	MHA000000021752	165499	2017	9920.72	0.00	0.00	-9920.72	0.00	0.00	0.00	ok
2019	22656	MHA000000021816	165404	2017	-130.00	0.00	0.00	0.00	-130.00	0.00	-130.00	
2019	22656	MHA000000022059	165404	2017	4817.00	0.00	0.00	0.00	4817.00	0.00	4817.00	

d. of there is an adjustment on the reconciliation page enter it in column H on the Monthly Expenditure report

FEDERAL BUDGET FROM CONRACTS

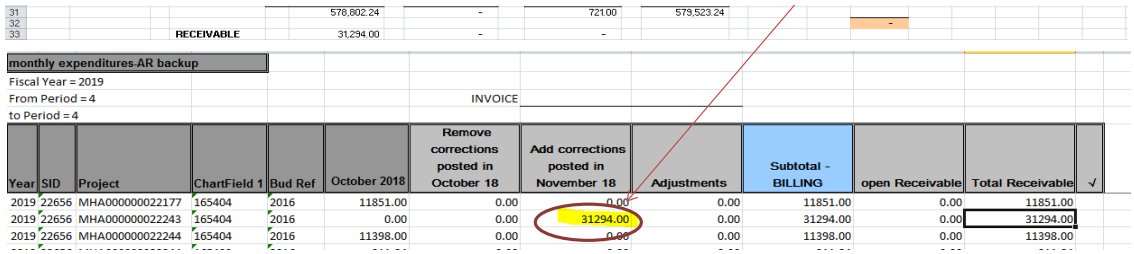
10/01/17 - 09/30/18

	RA-1040		1050	1060		Reconciled to RECEIVABLE LOG		
	HAP	RA Admiin	Supportive Services	Grant Admin	total			
	652,556.00	**52,204.00**	-	**721.00**	**705,481.00**			
EXPENDITURES REPORTS								
FY2018	419,318.00	31,860.00	-	-	451,178.00	451,178.00	ok	-
FY2019	147,304.00	11,014.24	-	721.00	159,039.24	128,345.24	error	(31,294.00)
	567,222.00	42,874.24	-	721.00	610,817.24			
Balance available for the next pmts	**85,334.00**	**9,329.76**	**-**	**-**	**94,663.76**			

31294 Move Retro from 22243-17 to 22243-16 DONE

CASH RECEIPTS (MOD_CASH)

	165404	165405	165406			
	HAP - RA Admin	Supportive Services	Administrative Costs	total		
FY2018	382,163.00	-	-	382,163.00	382,163.00	ok
FY2019	196,639.24	-	721.00	197,360.24	197,360.24	ok

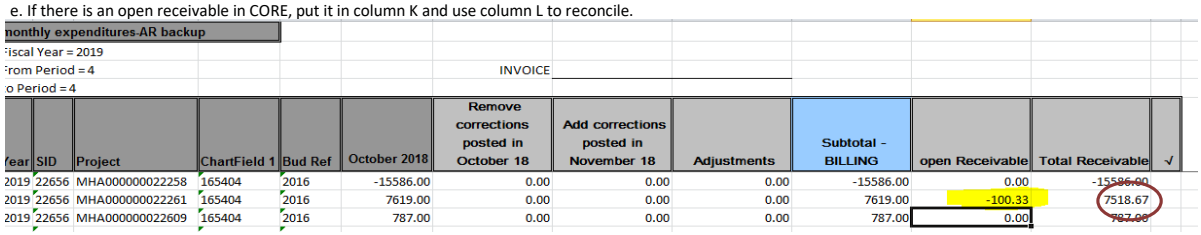


					578,802.24	-	721.00	579,523.24		-		
			RECEIVABLE		31,294.00	-	-					

monthly expenditures-AR backup
Fiscal Year = 2019
From Period = 4
to Period = 4
INVOICE

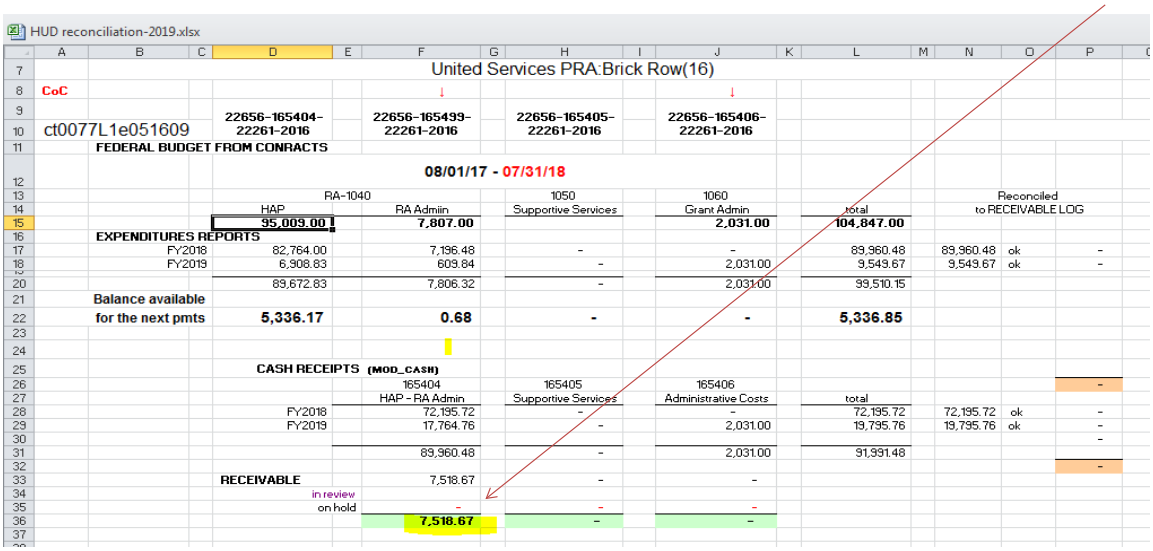
Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√
2019	22656	MHA000000022177	165404	2016	11851.00	0.00	0.00	0.00	11851.00	0.00	11851.00	
2019	22656	MHA000000022243	165404	2016	0.00	0.00	31294.00	0.00	31294.00	0.00	31294.00	
2019	22656	MHA000000022244	165404	2016	11398.00	0.00	0.00	0.00	11398.00	0.00	11398.00	

e. If there is an open receivable in CORE, put it in column K and use column L to reconcile.



monthly expenditures-AR backup
Fiscal Year = 2019
From Period = 4
to Period = 4
INVOICE

Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√
2019	22656	MHA000000022258	165404	2016	-15586.00	0.00	0.00	0.00	-15586.00	0.00	-15586.00	
2019	22656	MHA000000022261	165404	2016	7619.00	0.00	0.00	0.00	7619.00	-100.33	7518.67	
2019	22656	MHA000000022609	165404	2016	787.00	0.00	0.00	0.00	787.00	0.00	787.00	



HUD reconciliation-2019.xlsx

United Services PRA:Brick Row(16)

CoC

ct0077L1e051609

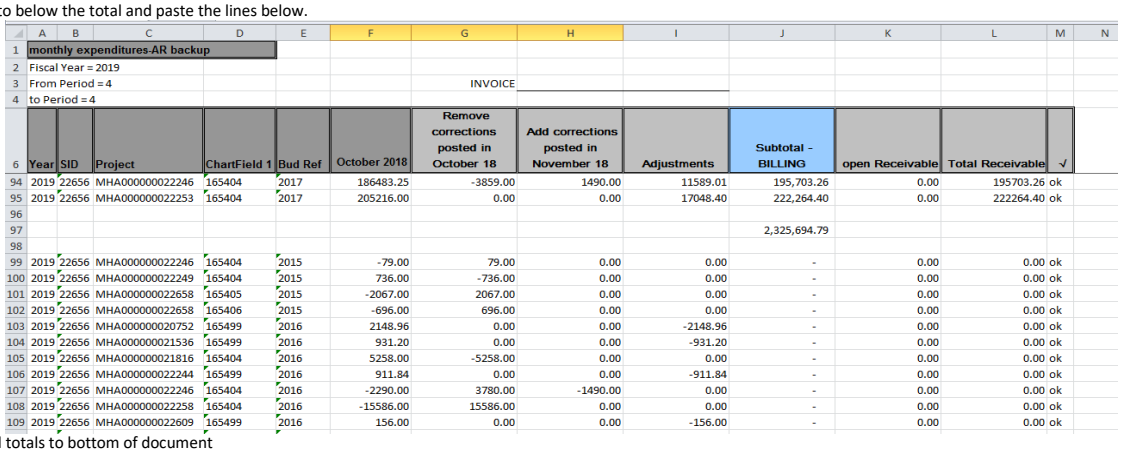
	22656-165404-22261-2016	22656-165499-22261-2016	22656-165405-22261-2016	22656-165406-22261-2016		
FEDERAL BUDGET FROM CONRACTS						
08/01/17 - 07/31/18						
	RA-1040		1050	1060		Reconciled to RECEIVABLE LOG
	HAP	RA Admiin	Supportive Services	Grant Admin	total	
	95,009.00	7,807.00		2,031.00	104,847.00	
EXPENDITURES REPORTS						
FY2018	82,764.00	7,196.48	-	-	89,960.48	89,960.48 ok -
FY2019	6,908.83	609.84	-	2,031.00	9,549.67	9,549.67 ok -
	89,672.83	7,806.32	-	2,031.00	99,510.15	
Balance available for the next pmts	5,336.17	0.68	-	-	5,336.85	
CASH RECEIPTS (MOD_CASH)						
	165404 HAP - RA Admin		165405 Supportive Services	165406 Administrative Costs	total	
FY2018	72,195.72		-	-	72,195.72	72,195.72 ok -
FY2019	17,764.76		-	2,031.00	19,795.76	19,795.76 ok -
	89,960.48		-	2,031.00	91,991.48	
RECEIVABLE	7,518.67		-	-		
in review						
on hold	-		-	-		
	7,518.67		-	-		

* repeat until the entire monthly

3. PRINT monthly expenditure report

a. sort the report by subtotal billing to pull out zero lines.

1. select all lines that are zero in Subtotal-Billing , right click and cut.
2. go to below the total and paste the lines below.

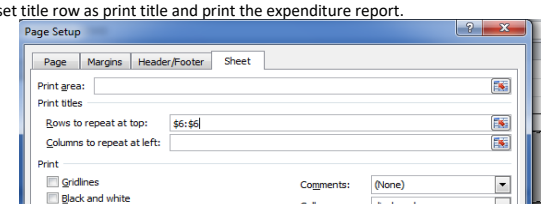


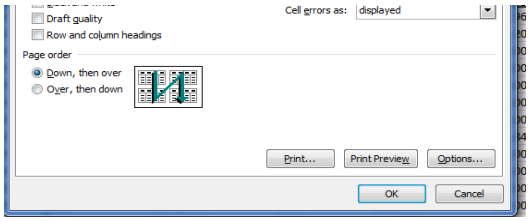
monthly expenditures-AR backup
Fiscal Year = 2019
From Period = 4
to Period = 4
INVOICE

Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√
2019	22656	MHA000000022246	165404	2017	186483.25	-3859.00	1490.00	11589.01	195,703.26	0.00	195703.26	ok
2019	22656	MHA000000022253	165404	2017	205216.00	0.00	0.00	17048.40	222,264.40	0.00	222264.40	ok
									2,325,694.79			
2019	22656	MHA000000022246	165404	2015	-79.00	79.00	0.00	0.00	-	0.00	0.00	ok
2019	22656	MHA000000022249	165404	2015	736.00	-736.00	0.00	0.00	-	0.00	0.00	ok
2019	22656	MHA000000022658	165405	2015	-2067.00	2067.00	0.00	0.00	-	0.00	0.00	ok
2019	22656	MHA000000022658	165406	2015	-696.00	696.00	0.00	0.00	-	0.00	0.00	ok
2019	22656	MHA000000020752	165499	2016	2148.96	0.00	0.00	-2148.96	-	0.00	0.00	ok
2019	22656	MHA000000021536	165499	2016	931.20	0.00	0.00	-931.20	-	0.00	0.00	ok
2019	22656	MHA000000021816	165404	2016	5258.00	-5258.00	0.00	0.00	-	0.00	0.00	ok
2019	22656	MHA000000022244	165499	2016	911.84	0.00	0.00	-911.84	-	0.00	0.00	ok
2019	22656	MHA000000022246	165404	2016	-2290.00	3780.00	-1490.00	0.00	-	0.00	0.00	ok
2019	22656	MHA000000022258	165404	2016	-15586.00	15586.00	0.00	0.00	-	0.00	0.00	ok
2019	22656	MHA000000022609	165499	2016	156.00	0.00	0.00	-156.00	-	0.00	0.00	ok

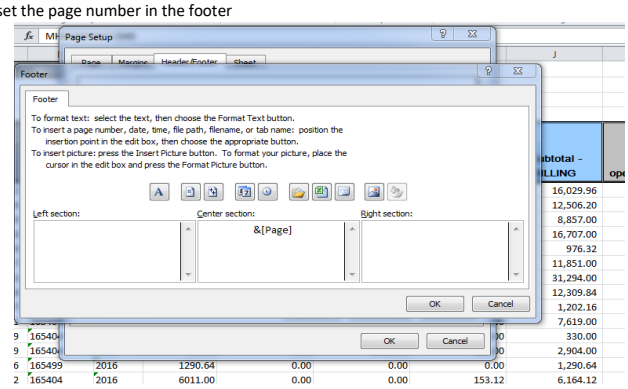
a. add totals to bottom of document

3. resort top of the report back to by Bud Ref then by Project then by Chartfield 1
4. set title row as print title and print the expenditure report.

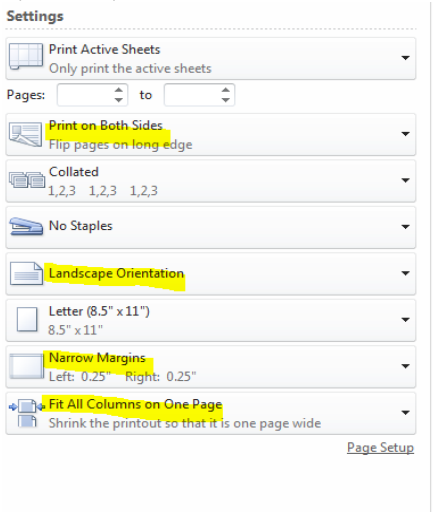




5. set the page number in the footer



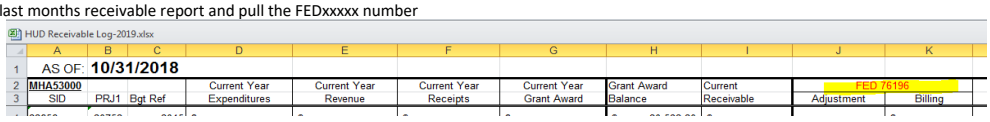
6. Set print parameters . print document and SAVE



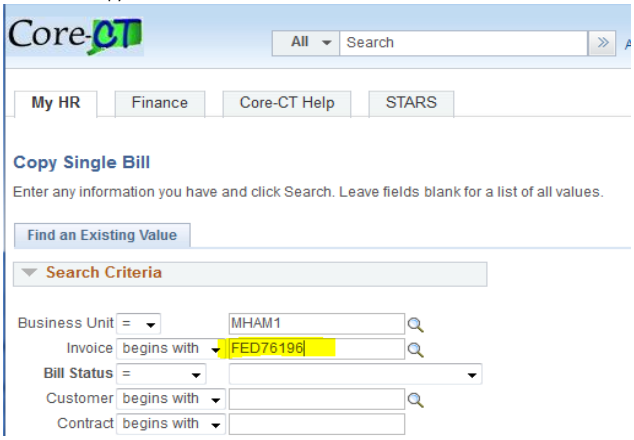
5. Enter Receivable into CORE-BILLING Core-CT Financials>Billing>Maintain Bills>Copy Single Bill

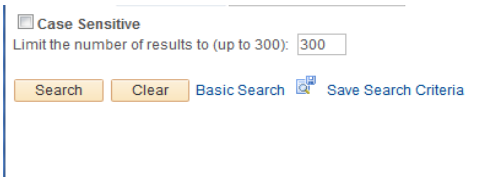
* we copy the billing as there are around 100 lines to draw each month. This way most of the information is already loaded.

a. go to last months receivable report and pull the FEDxxxxx number

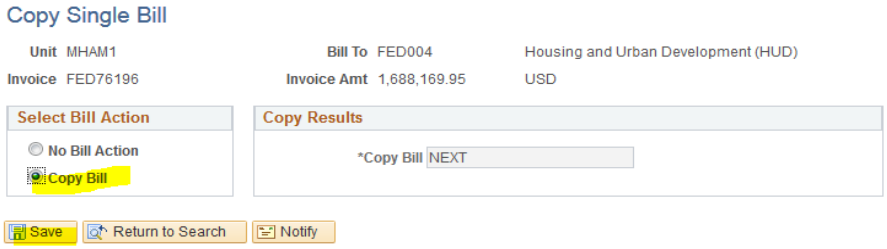


b. load this into core to copy the invoice Hit search

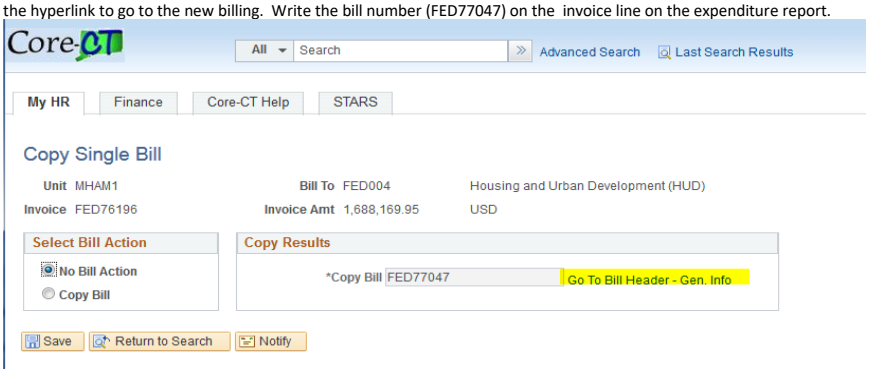




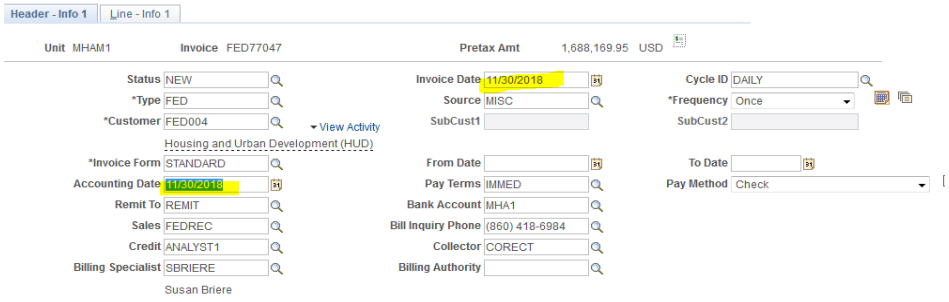
c. Select copy bill and click save



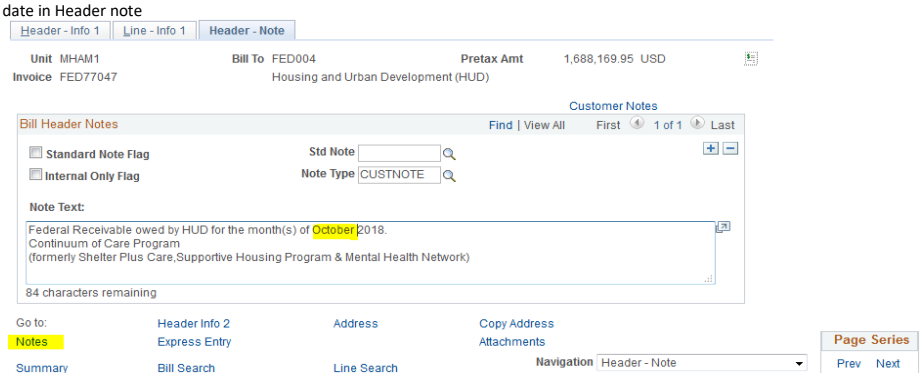
d. click on the hyperlink to go to the new billing. Write the bill number (FED77047) on the invoice line on the expenditure report.



e. enter today's date as the invoice date and accounting date



f. change date in Header note



g. Go to line -info

The identifier is a shorthand for SID-PROJECT-last 3 digits of chartfield1-last 2 digits of budget reference

22656-22662-404-16

The description is the name of the grant with grant year and decription of chartfield1

PSH Prjct: ODFC(16)R

R=rental assistance

S=Supportive Services

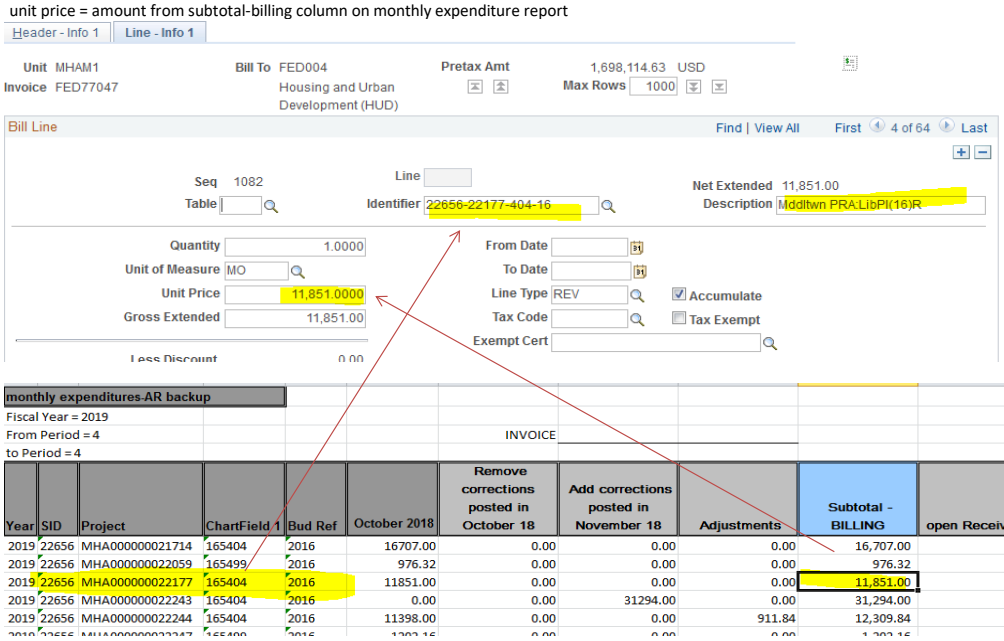
quantity = 1

A=grant admin

measure = MO

O= operating costs

unit price = amount from subtotal-billing column on monthly expenditure report

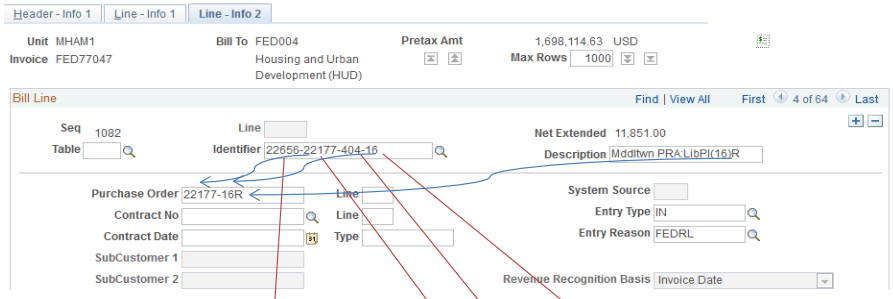


monthly expenditures-AR backup
Fiscal Year = 2019
From Period = 4
to Period = 4
INVOICE

Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√
2019	22656	MHA000000021714	165404	2016	16707.00	0.00	0.00	0.00	16,707.00	0.00	16707.00	ok
2019	22656	MHA000000022059	165499	2016	976.32	0.00	0.00	0.00	976.32	0.00	976.32	ok
2019	22656	MHA000000022177	165404	2016	11851.00	0.00	0.00	0.00	11,851.00	0.00	11851.00	ok
2019	22656	MHA000000022243	165404	2016	0.00	0.00	31294.00	0.00	31,294.00	0.00	31294.00	ok
2019	22656	MHA000000022244	165404	2016	11398.00	0.00	0.00	911.84	12,309.84	0.00	12309.84	ok

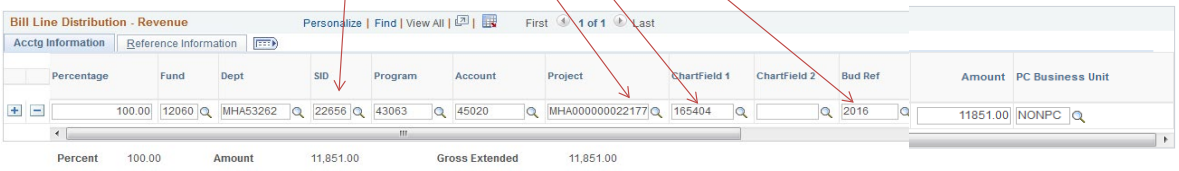
h. Go to Line info 2 and enter PO reference. This is how we will match up the deposit to the billing line.

* purchase order = project number - budget ref- chartfield 1 description letter ie: 22177-16R
* entry type = IN (for positive amounts) or CR (for negative amounts)
* Entry reason = FEDRL



i. Go to accounting and click to enter account code string.

* its important to enter 100 as percentage and NONPC as PC unit or it won't pull the project which is really important to capture. Load these first FUND DEPTID PROGRAM AND ACCOUNT all remain the same for each entry. The rest of the entry is pulled from the identifier.



** Do this for all lines on the monthly expenditure report. The reason to do it this way and not separate billing for each grant is it would take a week to load 60 separate billings each month.

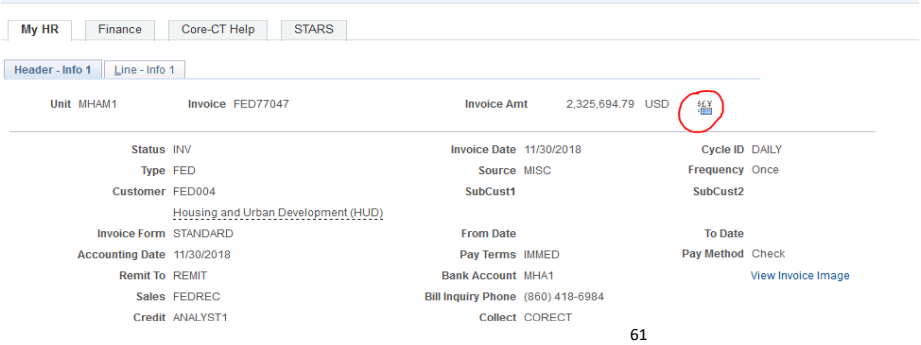
**The easiest way to do this set up the line-info 1 to show all lines. Match up the identifier to the expenditure report line. Change the unit price to the new amount , check off that line and move down to the next line on the core billing. If there isn't a line on the expenditure report, delete that line on the billing in core.

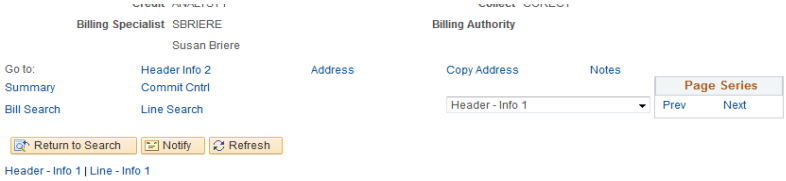
Do this for all lines currently on the billing. Once you are done with the current lines, add lines at the bottom and load the rest of the lines from the expenditure report

* once it you start entering the account code string it won't let you save until you are done, so plan your time accordingly.

j. Save billing as RDY

*check proforma bill to make sure it is accurate.



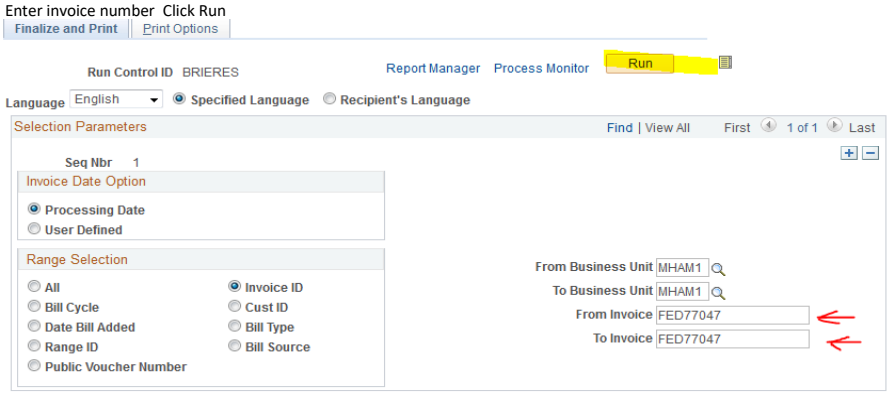


k. Generate invoice

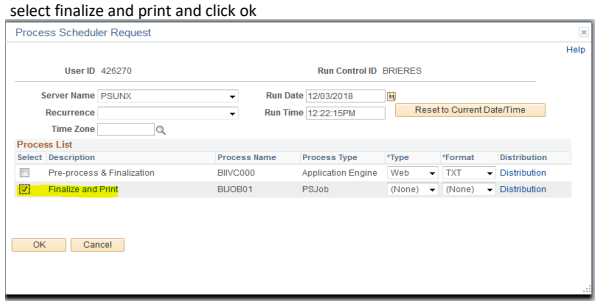
go to generate invoice in CORE

Core-CT Financials > Billing > Generate invoices > non-Consolidated > Finalize and Print invoices

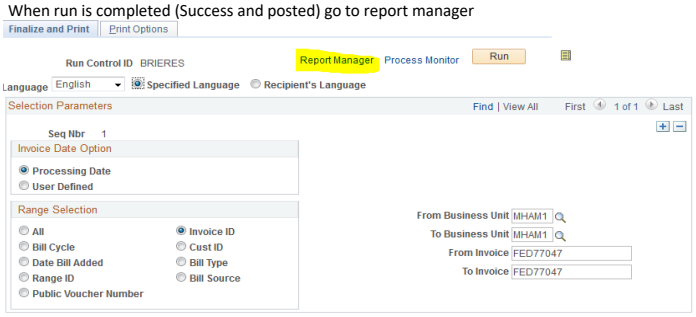
Enter invoice number Click Run



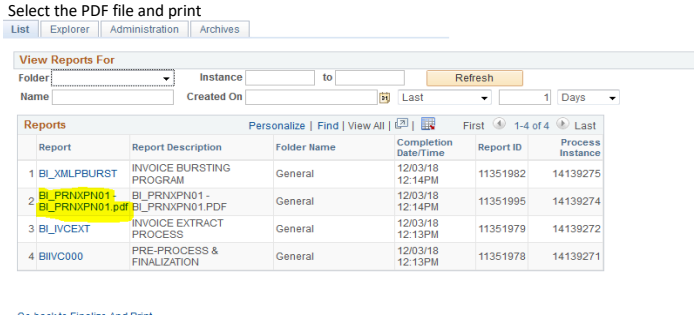
select finalize and print and click ok



When run is completed (Success and posted) go to report manager



Select the PDF file and print

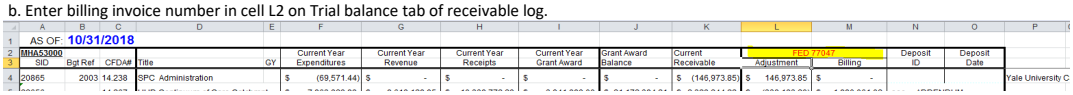


clip the billing to the monthly expenditure report.

6. Add/subtract adjustments on Receivable log summary page to match billing.

a. Open Receivable log 2019.xlsx file

b. Enter billing invoice number in cell L2 on Trial balance tab of receivable log.



22656	14.267	HUD Continuum of Care Catchmnt	$ 7,963,828.98	$ 9,618,129.95	$ 10,339,772.28	$ 3,941,898.00	$ 21,172,394.21	$ 2,328,244.22	$ (338,183.20)	$ 1,990,061.02	see ADDENDUM		
		TOTAL RECEIVABLES	$ 7,894,257.54	$ 9,618,129.95	$ 10,339,772.28	$ 3,941,898.00	$ 21,172,394.21	$ 2,181,270.37	$ (191,209.35)	$ 1,990,061.02			
FY 2019			7,894,257.54	9,618,129.95	10,339,772.28	3,941,898.00							
7/1/2018			$ -	$ -	$ -	$ -							

c. Go to trial balance-22656 tab and reconcile the subtotal billing column from the monthly expenditure report to the billing column on the receivable log-Trial Balance-22656 tab

monthly expenditures-AR backup

Fiscal Year = 2019

From Period = 4

to Period = 4

INVOICE

Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√
2019	22656	MHA000000020752	165404	2016	13881.00	0.00	0.00	2148.96	16,029.96	0.00	16029.96	ok
2019	22656	MHA000000021536	165404	2016	11575.00	0.00	0.00	931.20	12,506.20	0.00	12506.20	ok

AS OF: **10/31/2018**

MHA53000 SID	PRJ1	Bgt Ref	Current Year Expenditures	Current Year Revenue	Current Year Receipts	Current Year Grant Award	Grant Award Balance	Current Receivable	FED 77047 Adjustment	FED 77047 Billing	Deposit ID	Deposit Date
22656	20752	2016	$ -	$ -	$ -	$ -	$ 20,582.20	$ -		$ -		
22656	20752	2016	$ 58,778.04	$ 86,155.52	$ 86,155.52	$ -	$ 54,071.12	$ 16,029.96		$ 16,029.96		
22656	20752	2017	$ -	$ -	$ -	$ 197,843.00	$ 197,843.00	$ -		$ -		

* you may need to add multiple lines on the monthly expenditure report if there are multiple chartfield 1 coding to match to the receivable log.

monthly expenditures-AR backup

Fiscal Year = 2019

From Period = 4

to Period = 4

INVOICE

Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√
2019	22656	MHA000000022647	165404	2016	3610.00	0.00	0.00	288.80	3,898.80	0.00	3898.80	ok
2019	22656	MHA000000022647	165405	2016	3622.00	0.00	0.00	0.00	3,622.00	0.00	3622.00	ok
2019	22656	MHA000000022647	165406	2016	1563.00	0.00	0.00	0.00	1,563.00	0.00	1563.00	ok

AS OF: **10/31/2018**

MHA53000 SID	PRJ1	Bgt Ref	Current Year Expenditures	Current Year Revenue	Current Year Receipts	Current Year Grant Award	Grant Award Balance	Current Receivable	FED 77047 Adjustment	FED 77047 Billing	Deposit ID	Deposit Date
22656	22647	2016	$ 26,816.80	$ 30,788.00	$ 30,788.00	$ -	$ 11,566.96	$ 9,083.80		$ 9,083.80		

** you may need to add an adjustment that was on the monthly expenditure report to the receivable log if there is an adjustment.

monthly expenditures-AR backup

Fiscal Year = 2019

From Period = 4

to Period = 4

INVOICE

Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√
2019	22656	MHA000000022243	165404	2016	0.00	0.00	31294.00	0.00	31,294.00	0.00	31294.00	ok

AS OF: **10/31/2018**

MHA53000 SID	PRJ1	Bgt Ref	Current Year Expenditures	Current Year Revenue	Current Year Receipts	Current Year Grant Award	Grant Award Balance	Current Receivable	FED 77047 Adjustment	FED 77047 Billing	Deposit ID	Deposit Date
22656	22243	2016	$ 128,345.24	$ 197,360.24	$ 197,360.24	$ -	$ 125,957.76	$ -	$ 31,294.00	$ 31,294.00		
22656	22243	2017	$ 111,951.32	$ 10,404.00	$ 10,404.00	$ 555,685.00	$ 545,281.00	$ 101,547.32	$ (31,294.00)	$ 70,253.32		

d. Total at bottom of receivable log needs to match total on monthly expenditure report.

monthly expenditures-AR backup

Fiscal Year = 2019

From Period = 4

to Period = 4

INVOICE

Year	SID	Project	ChartField 1	Bud Ref	October 2018	Remove corrections posted in October 18	Add corrections posted in November 18	Adjustments	Subtotal - BILLING	open Receivable	Total Receivable	√
2019	22656	MHA000000022663	165406	2017	3146.00	0.00	0.00	0.00	3,146.00	0.00	3146.00	ok
2019	22656	MHA000000022665	165404	2017	7400.00	0.00	0.00	728.24	8,128.24	0.00	8128.24	ok
									2,325,694.79			

AS OF: **10/31/2018**

MHA53000 SID	PRJ1	Bgt Ref	Current Year Expenditures	Current Year Revenue	Current Year Receipts	Current Year Grant Award	Grant Award Balance	Current Receivable	FED 77047 Adjustment	FED 77047 Billing	Deposit ID	Deposit Date
22656	22665	2016	$ -	$ 508.32	$ 508.32	$ -	$ 19,001.64	$ -		$ -		
22656	22665	2017	$ 36,109.64	$ 37,649.40	$ 37,649.40	$ -	$ 74,515.60	$ 8,128.24		$ 8,128.24		
22656	22665	2018	$ -	$ -	$ -	$ -	$ -	$ -		$ -		
			$ 7,963,828.98	$ 9,618,129.95	$ 10,339,772.28	$ 3,941,898.00	$ 21,172,394.21	$ 2,328,244.22	$ (2,549.43)	$ 2,325,694.79		
			7,963,828.98	9,618,129.95	10,339,772.28	3,941,898.00				$ 2,325,694.79		
			$ -	$ -	$ -	$ -				$ -		

e. Print both the trial balance tab and the trial balance-22656 tab.

* Attach to the print out of the monthly expenditure report and the billing from core

** Set aside in the receivables folder.

*** We will be using this in II-H-5 when the deposits come in.

G. DRAW DOWN receivable from HUD

1. sort balancing reconciliation pagesprinted in II-E-3 by grant number (ct xxxx L1E etc)

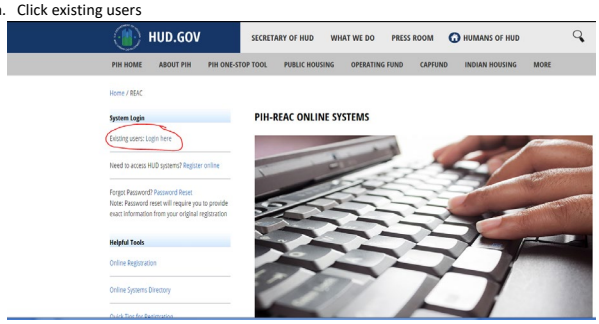
Deposit # _____

Columbus Hse MHN:SojPl (17)

CoC							
ct0011L1e051710	22656-165404-20901-2017	22656-165499-20901-2017	22656-165405-20901-2017	22656-165406-20901-2017			
FEDERAL BUDGET FROM CONRACTS							
07/01/18 - 06/30/19							
	1030 Operating Costs		1050 Supportive Services	1060 Grant Admin	total		Reconciled to RECEIVABLE LOG
	133,216.00		76,539.00	10,346.00	220,101.00		
EXPENDITURES REPORTS							
FY2019	22,202.00		12,756.00	1,724.00	36,682.00	36,682.00	ok
FY2020					-		
	22,202.00	-	12,756.00	1,724.00	36,682.00		
Balance available for the next pmts	111,014.00	-	63,783.00	8,622.00	183,419.00		

2. Log into HUD-LOCCS https://www.hud.gov/program_offices/public_indian_housing/reac/online

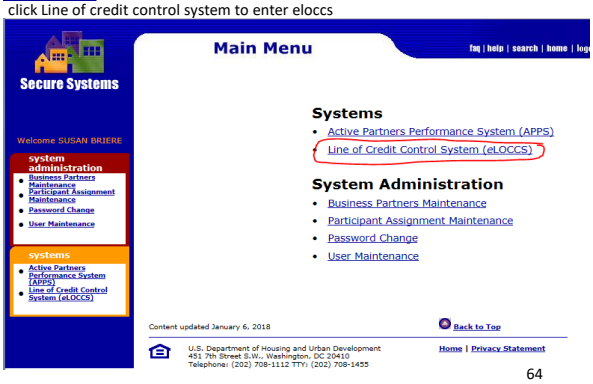
a. Click existing users



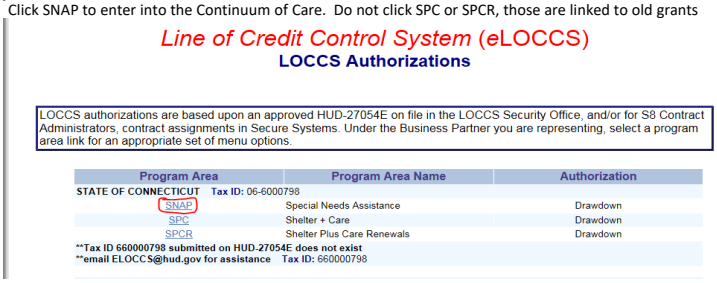
b. and enter user name and password.

c. click accept after you read message of the day.

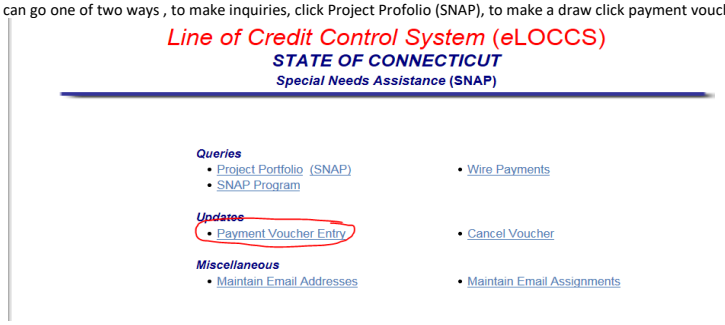
d. click Line of credit control system to enter eloccs



e. Click SNAP to enter into the Continuum of Care. Do not click SPC or SPCR, those are linked to old grants

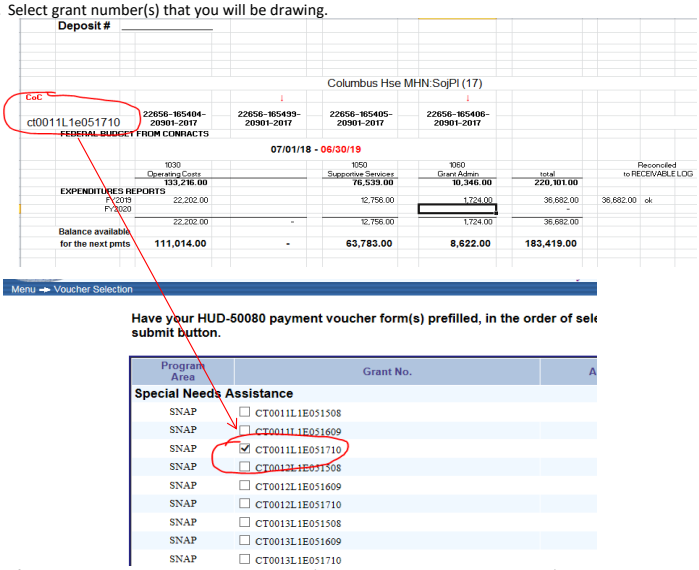


Here you can go one of two ways , to make inquiries, click Project Profolio (SNAP), to make a draw click payment voucher entry

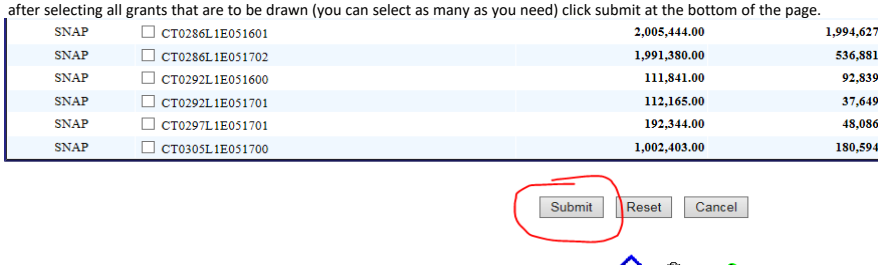


3. Use reconciliation page to draw funds

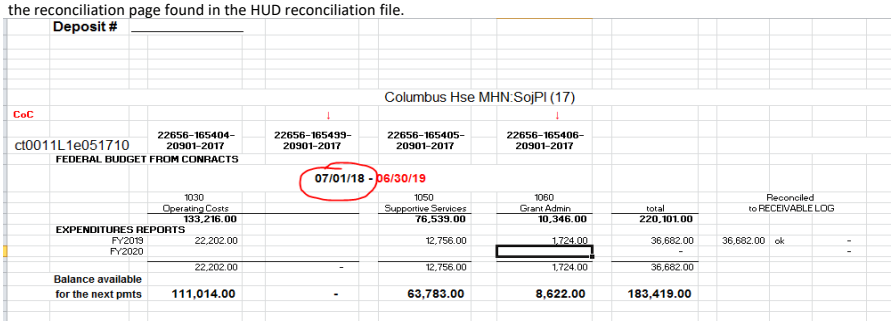
a. Select grant number(s) that you will be drawing.



b. after selecting all grants that are to be drawn (you can select as many as you need) click submit at the bottom of the page.



c. If the grant has been drawn on before skip this step. If it has not been drawn before you will fill in the operating start date found on the reconciliation page found in the HUD reconciliation file.



Enter the date in this box in mm/yyyy format

eLOCCS
SNAP Special Needs Assistance
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Community Planning and D

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathe

HUD implemented the Line of Credit Control System (eLOCCS) to process requests for payments to grantees. Grant recipients should fill out a voucher form for the applicable HUD program
The information requested does not lend itself to confidentiality.

1. Voucher Number	2. LOCCS Pgrm Area	3
501-********	SNAP	
5. Voice Response No.	6. Grantee Organization	
n/a	STATE OF CONNECTICUT	
8. Grant or Project No.	6a. Grantee Organization TIN	
CT0011L1E051710	06-6000798	

BLI	Name	Authorized
1030 ⚠	Operating Costs	133,216.00
1050 ⚠	Supportive Services	76,539.00
1060 ⚠	Administrative	10,346.00
	Total:	220,101.00

⚠ An Operating Start Date is required if requesting funds against any of these BLI's - (mm/yyyy) 07/2018

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the fun

11. Name & Phone Number of Person completing this form	12. Name & Title of Authorized Signatory
SUSAN BRIERE	13. Signature

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012.; 31 U.S.C.3729, 3802)

d. Pull the info from the bottom of the reconciliation page to fill in the right of the drawdown request. Fill out bottom of reconciliation page with HUD information

ELOCCS
Voucher # 501 - **Rental Period covered** 11 / 2018

-
ct0011L1e051710

Line	1030	22,202.00	RA	
Line	1050	12,756.00	SS	
Line	1060	1,724.00	AD	36,682.00

Outstanding Document? date

REQUIRES FIELD REVIEW? YES / NO

SIGNATURE DATE

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

nstructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

ut a voucher form for the applicable HUD program with all the necessary information prior to the drawdown process. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended.

3	4

Authorized	Available Drawdown Balance	BLI Drawdown Amount
133,216.00	133,216.00	22,202.00
76,539.00	76,539.00	12,756.00
10,346.00	10,346.00	1,724.00
220,101.00	220,101.00	36,682.00

018

ement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

12. Name & Title of Authorized Signatory

13. Signature	14. Date of Request
	11-28-2018

, 1012.; 31 U.S.C.3729, 3802)

form **HUD-50080-SNAP-a** (4/2000)

e. click submit to enter draw. This will create a voucher number that you enter on the reconciliation page at the bottom.

BLI	Name	Authorized	Available Drawdown Balance	BLI Drawdown Amount
1030 ⚠	Operating Costs	133,216.00	133,216.00	22,202.00
1050 ⚠	Supportive Services	76,539.00	76,539.00	12,756.00
1060 ⚠	Administrative	10,346.00	10,346.00	1,724.00
	Total:	220,101.00	220,101.00	36,682.00

⚠ An Operating Start Date is required if requesting funds against any of these BLI's - (mm/yyyy) 07/2018

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number of Person completing this form	12. Name & Title of Authorized Signatory	
SUSAN BRIERE	13. Signature	14. Date of Request 11-28-2018

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012.; 31 U.S.C.3729, 3802)

form **HUD-50080-SNAP-a** (4/2000)

Submit Reset Cancel

f. Notice that now you have a voucher number

eLOCCS
SNAP Special Needs Assistance
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and re

HUD implemented the Line of Credit Control System (eLOCCS) to process requests for payments to grantees. Grant recipients should fill out a voucher form for the applicable HUD program with all the necessary information prior to the drawdown pro
amended. The information requested does not lend itself to confidentiality.

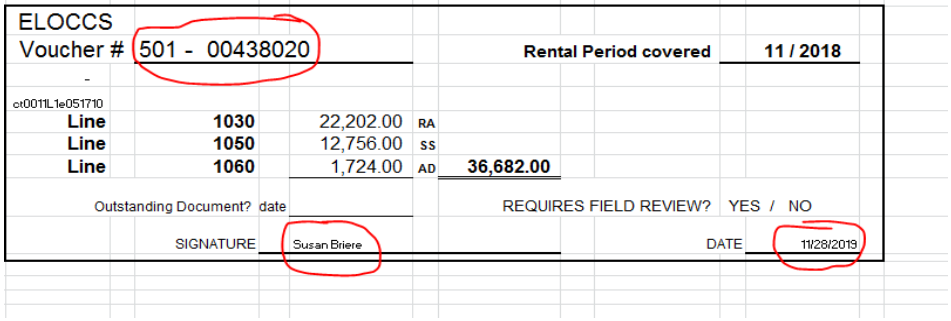
1. Voucher Number	2. LOCCS Pgrm Area	3	4
501-00438020	SNAP		
5. Voice Response No.	6. Grantee Organization		
n/a	STATE OF CONNECTICUT		
8. Grant or Project No.	6a. Grantee Organization TIN		
CT0011L1E051710	06-6000798		

Budget Line Item	Name	Authorized	Disbursed	Ava
1030	Operating Costs	133,216.00	22,202.00	
1050	Supportive Services	76,539.00	12,756.00	
1060	Administrative	10,346.00	1,724.00	
	Total:	220,101.00	36,682.00	

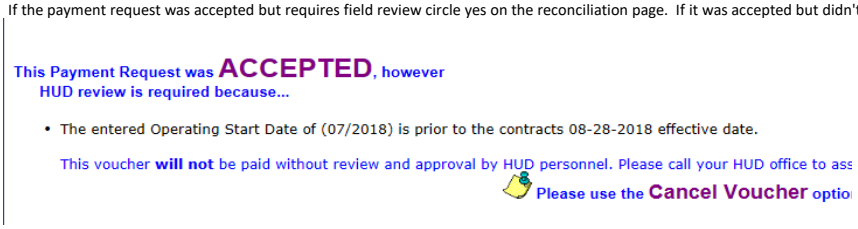
I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will

11. Name & Phone Number of Person completing this form	12. Name & Title of Authorized Signatory	
SUSAN BRIERE	13. Signature	14. Date of Request 11-28-2018

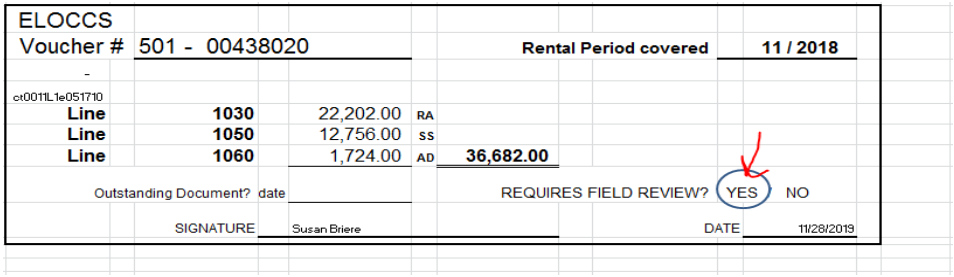
g. enter this number on the reconciliation page , Sign and date the page.


ELOCCS
Voucher # 501 - 00438020 Rental Period covered 11 / 2018
ct0011L1e051710
Line 1030 22,202.00 RA
Line 1050 12,756.00 SS
Line 1060 1,724.00 AD 36,682.00
Outstanding Document? date
REQUIRES FIELD REVIEW? YES / NO
SIGNATURE Susan Briere DATE 11/28/2019

h. If the payment request was accepted but requires field review circle yes on the reconciliation page. If it was accepted but didn't require a field review , circle no


This Payment Request was ACCEPTED, however
HUD review is required because...
- The entered Operating Start Date of (07/2018) is prior to the contracts 08-28-2018 effective date.

This voucher **will not** be paid without review and approval by HUD personnel. Please call your HUD office to ass
Please use the Cancel Voucher optio


ELOCCS
Voucher # 501 - 00438020 Rental Period covered 11 / 2018
ct0011L1e051710
Line 1030 22,202.00 RA
Line 1050 12,756.00 SS
Line 1060 1,724.00 AD 36,682.00
Outstanding Document? date
REQUIRES FIELD REVIEW? YES NO
SIGNATURE Susan Briere DATE 11/28/2019

4. Separate field review draws from accepted draws
a. As you go through the draws stack them in separate piles.
b. Accepted draws not requiring field review may go directly to the deposit folder to wait for deposit.
5. email HUD with backup for field reviews.
a. send the following information in an email to Sharon Narcisse at the local HUD office for field review (Sharon.M.Narcisse@hud.gov)

Voucher #	Grant #	amount	description
501-00438020	ct0011L1E051710	$36682.00	old grant ended 6/30/18

From: Briere, Susan
To: Narcisse, Sharon M (Sharon.M.Narcisse@hud.gov)
Cc:
Subject: field reivew

Hi Sharon,
I have the following for Field review.

501-00444207	ct0052L1E051609	948.08	Final Rental Assistance
501-00444209	ct0053L1E051609	12,370.00	Rental Assistance for November
501-00444215	ct0076L1E051609	494.48	Final Rental Assistance
501-00444219	ct0077L1E051609	7,518.08	Rental Assistance for July
501-00444224	ct0104L1E031609	8,209.00	Rental Assistance for October
501-00444231	ct0142L1E051608	10,075.46	Rental Assistance for September
501-00444233	ct0154L1E051606	1,290.64	Final Rental Assistance
501-00444243	ct0204L1E051605	2,904.00	Rental Assistance for September
501-00444245	ct0205L1E051605	480.88	Final Rental Assistance
501-00444251	ct0242L1E051603	12,749.40	Rental Assistance for October

Thank you,
Susan Briere
Associate Accountant
CT Dept. of Mental Health & Addiction Svc. Fiscal Unit
410 Capitol Ave MS#14FIS
Hartford CT 06106
voice:860-418-6984
fax:860-418-6698
email: susan.briere@ct.gov

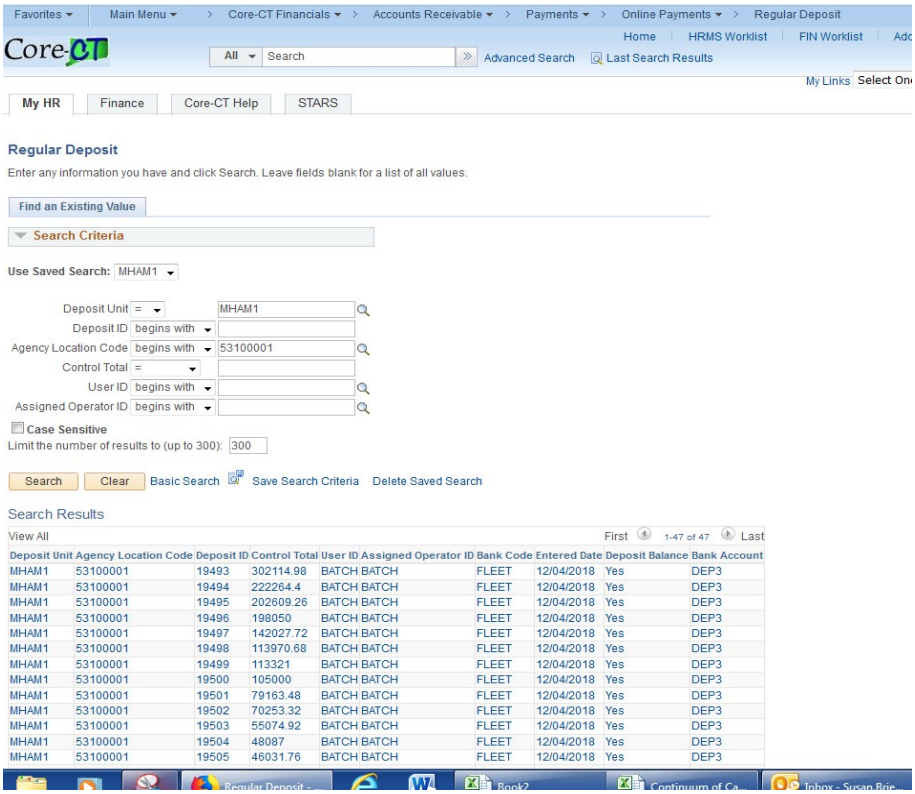
H. Receive CASH RECEIPTS

1. Write deposit numbers from CORE PICK LIST on reconciliation pages

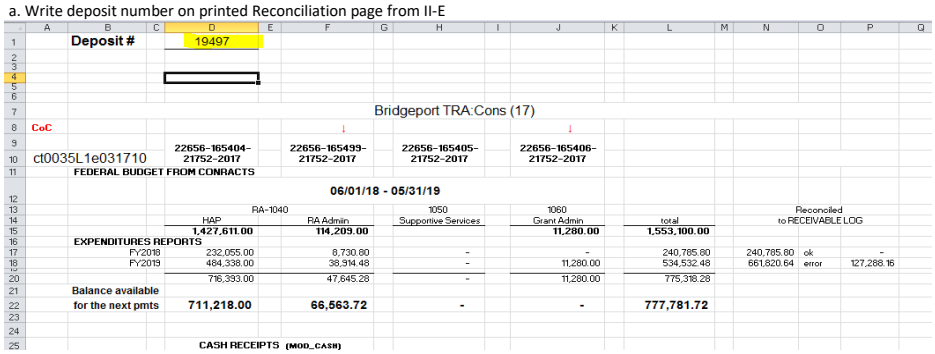
   * When Deposits come in they will appear on the CORE Deposit Pick list.

   CORECT FINANCIALS > Accounts Receivable > Payments > Online Payments > Regular Deposit

   Select agency location code 53100001. This is the bank account that we deposit the draws into.



   a. Write deposit number on printed Reconciliation page from II-E



		Deposit #	19497													
						Bridgeport TRA:Cons (17)										
	CoC															
	ct0035L1e031710		22656-165404-21752-2017		22656-165439-21752-2017		22656-165405-21752-2017		22656-165406-21752-2017							
		FEDERAL BUDGET FROM CONRACTS														
						06/01/18 - 05/31/19										
			RA-1040				1050		1060							
			HAP		RA Admin		Supportive Services		Grant Admin		total		Reconciled to RECEIVABLE LOG			
			1,427,611.00		114,209.00				11,280.00		1,553,100.00					
		EXPENDITURES REPORTS														
		FY2018	232,055.00		8,730.80		-		-		240,785.80		240,785.80	ok	-	
		FY2019	484,338.00		38,914.48		-		11,280.00		534,532.48		661,820.64	error	127,288.16	
			716,393.00		47,645.28		-		11,280.00		775,318.28					
		Balance available														
		for the next pmts	711,218.00		66,563.72		-		-		777,781.72					
		CASH RECEIPTS (MOD_CASH)														

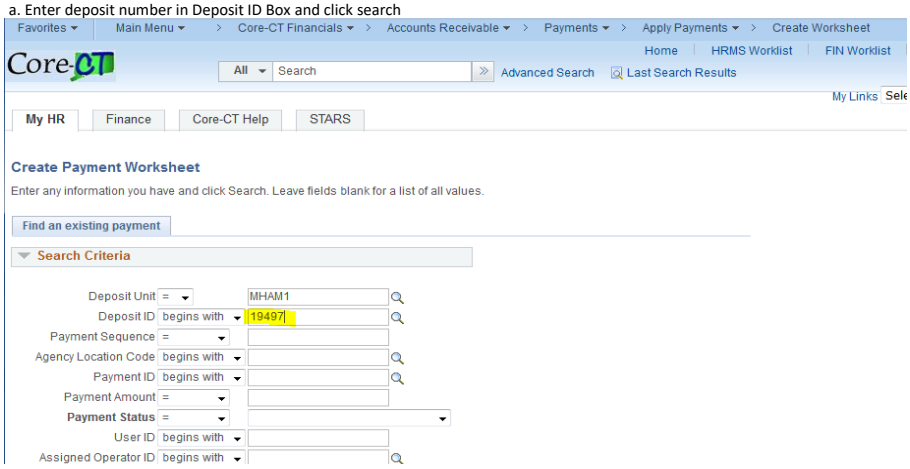
   * the deposits will come in groups. The draws that did not need field review will come first. A few days later the rest of the draws will appear

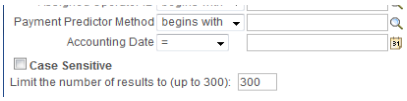
   b. repeat step II-H-1-a until all the deposits are matched to reconciliation pages

2. Apply deposits to receivable in CORE

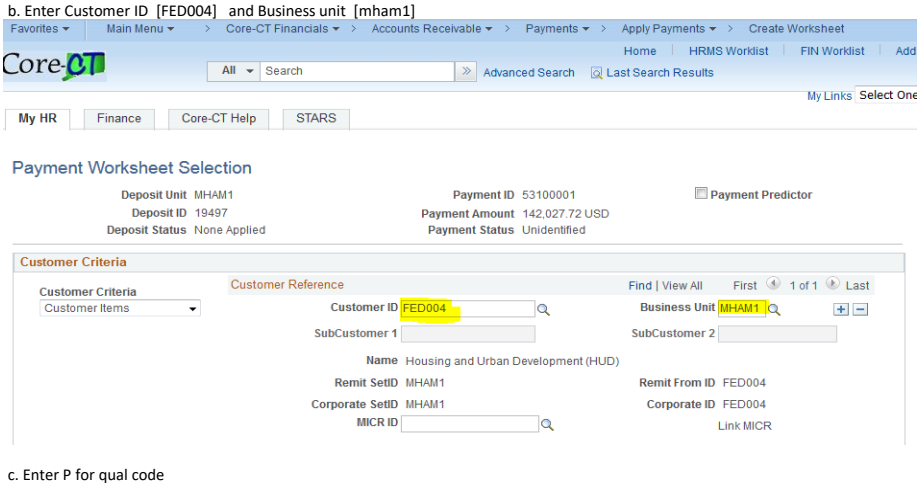
   Go to CORECT FINANCIALS > Accounts Receivable > Payments > Apply Payments > Create Worksheet

   a. Enter deposit number in Deposit ID Box and click search

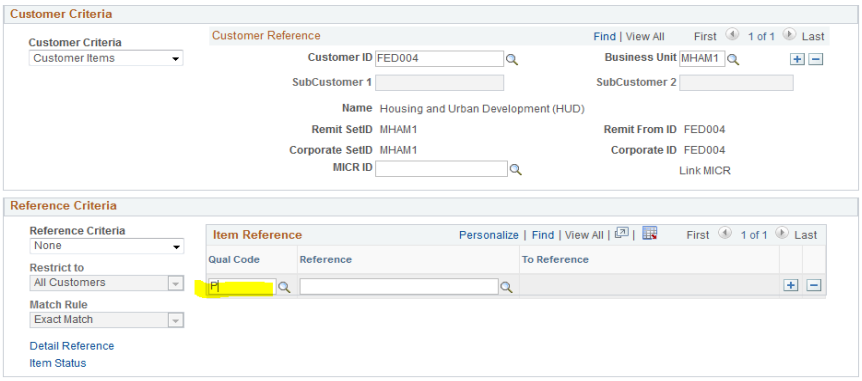




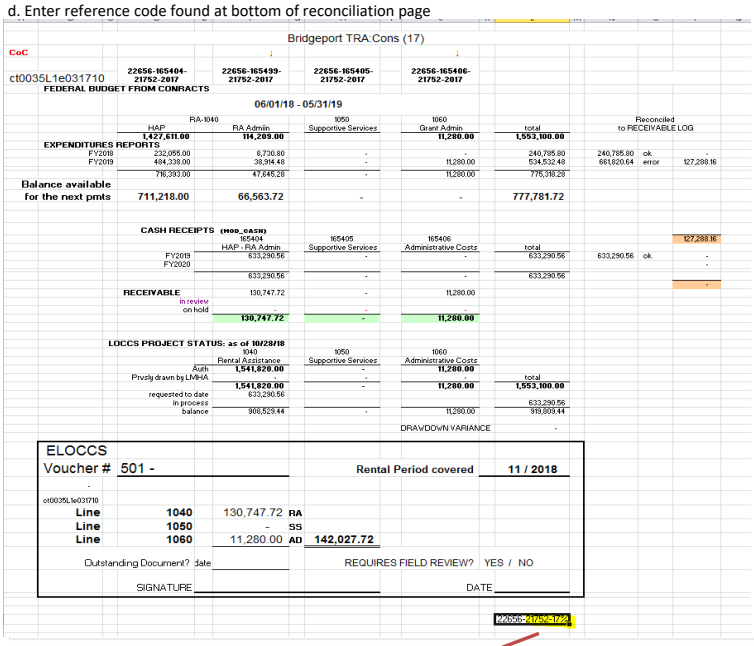
b. Enter Customer ID [FED004] and Business unit [mham1]

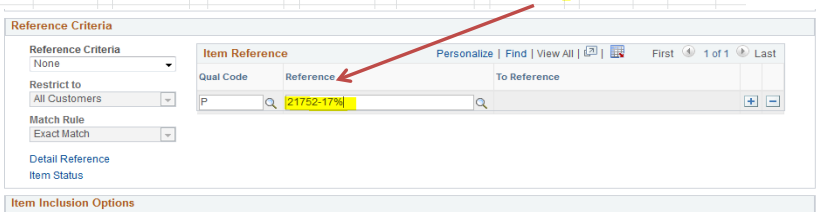


c. Enter P for qual code

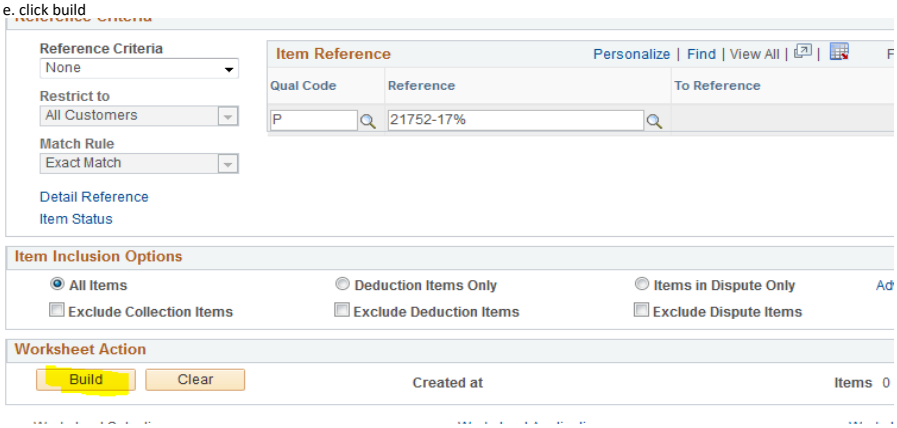


d. Enter reference code found at bottom of reconciliation page

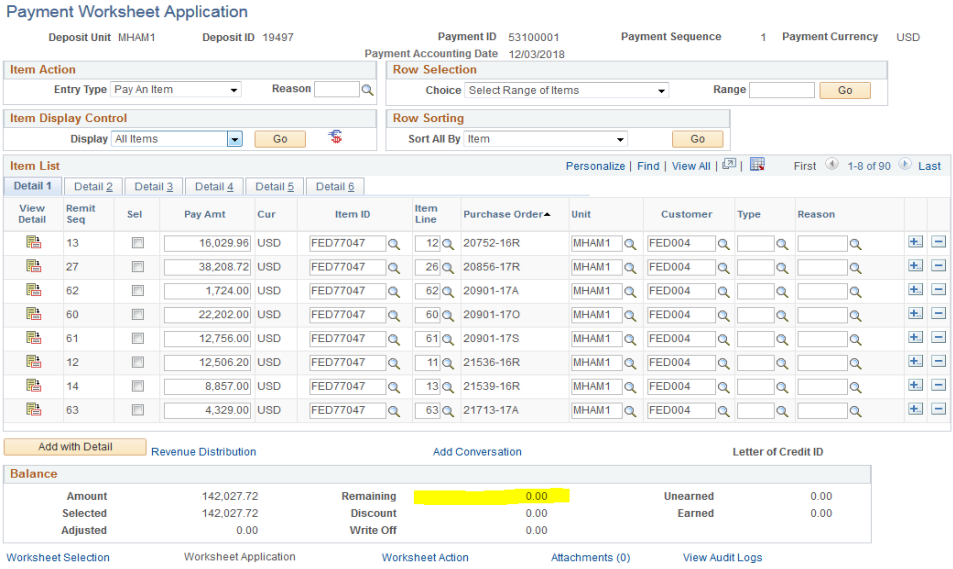




e. click build

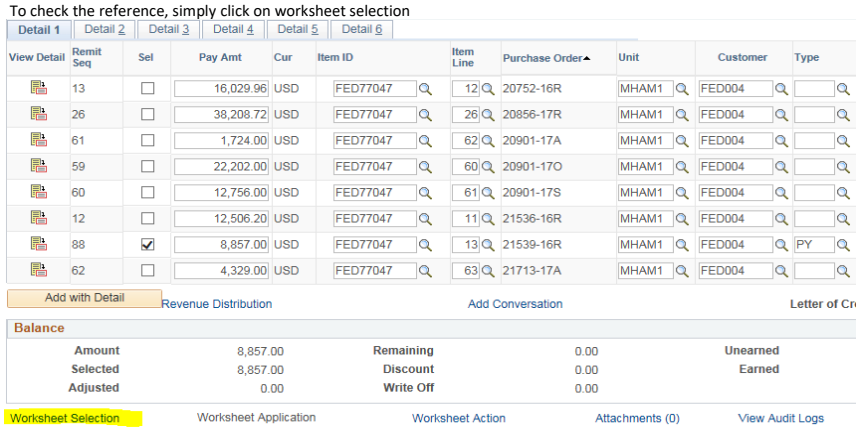


This will automatically select the billing line associated with the deposit. You can tell that it matched completely by the remaining amount is zero

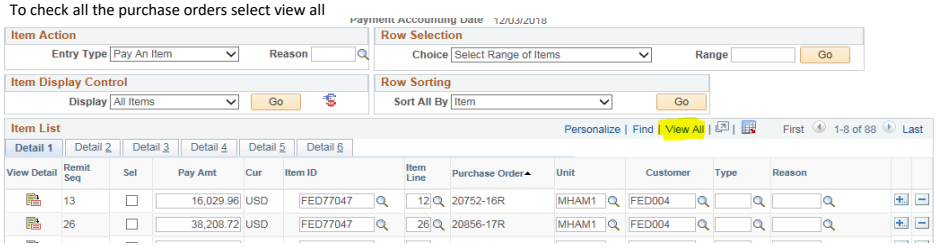


* if the remaining amount is not zero, then a number of things could have happened. Either you didn't enter in the reference correctly, the purchase order wasn't entered correctly or one of the lines is a negative amount that you didn't draw. You would have to check each one.

To check the reference, simply click on worksheet selection

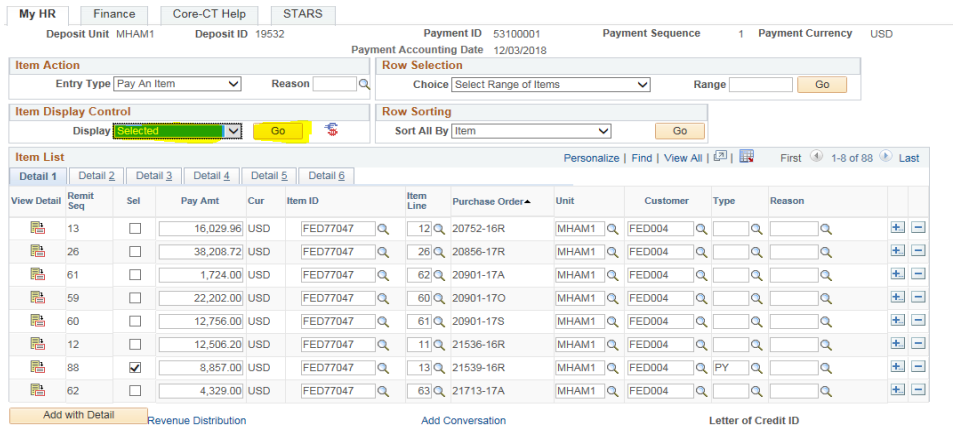


To check all the purchase orders select view all

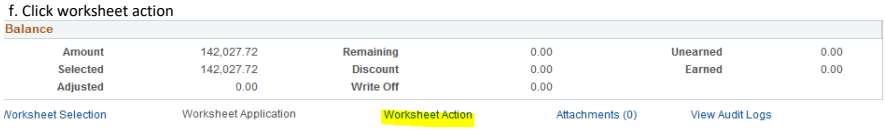


II-I

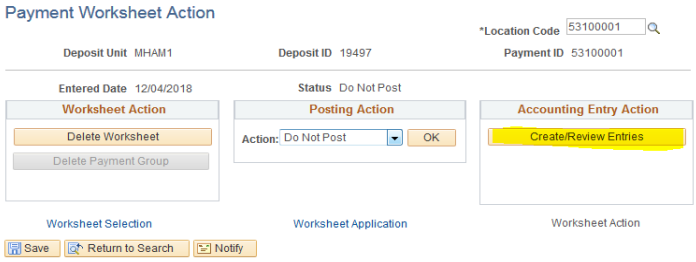
To see if you have more selected then you want, click display selected items and click go



f. Click worksheet action

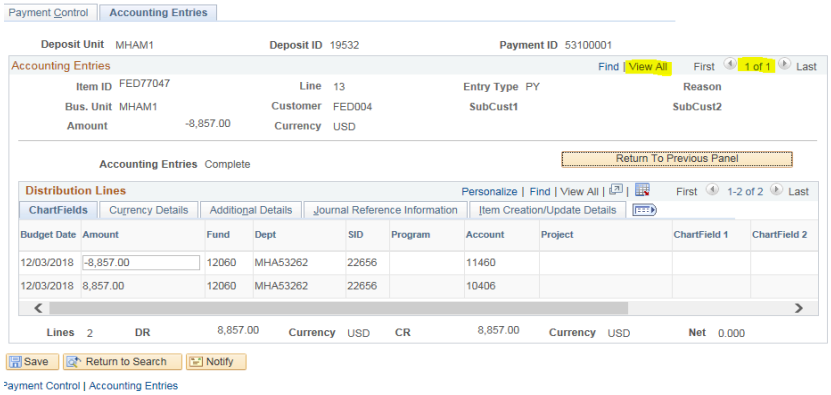


g. click create/review entries to generate accounting entries



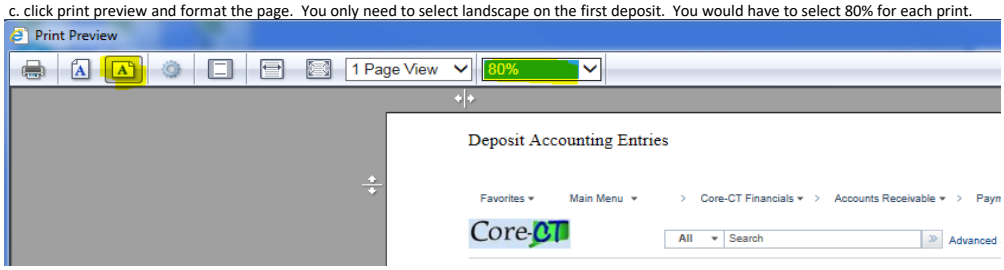
3. PRINT Deposit accounting entries

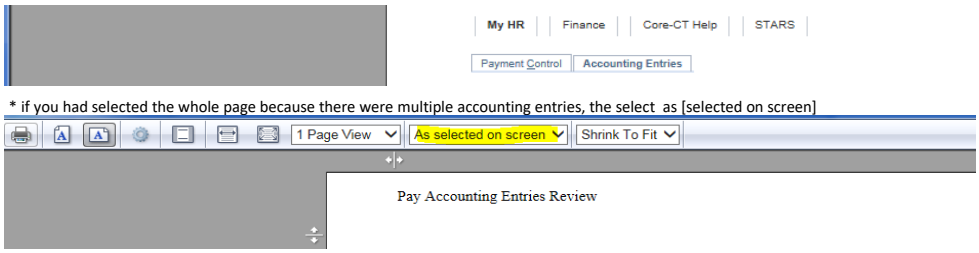
a. make sure that all entries are visable. If they aren't, click view all



b. If there are more then 1 accounting entry, right click on page and select all.

c. click print preview and format the page. You only need to select landscape on the first deposit. You would have to select 80% for each print.

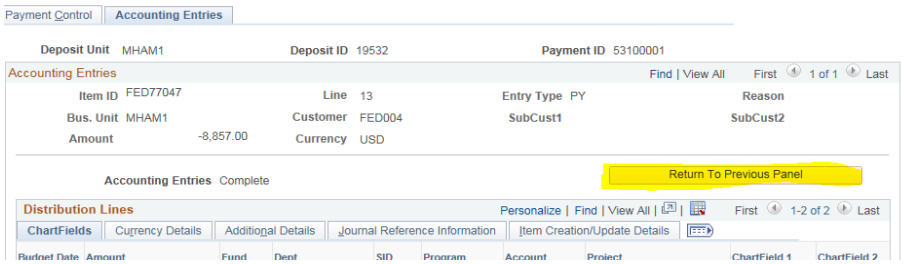




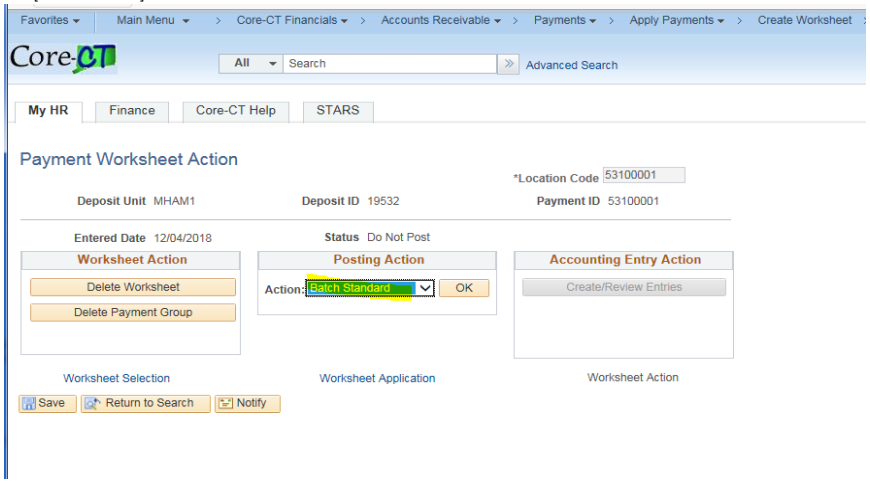
* if you had selected the whole page because there were multiple accounting entries, the select as [selected on screen]

d. print the accounting entries

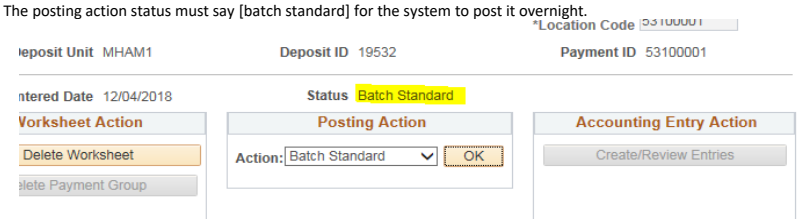
e. After you printed the print preview screen will close back to the accounting entries. Click on [Return to previous panel]



f. Select [batch standard] and click ok

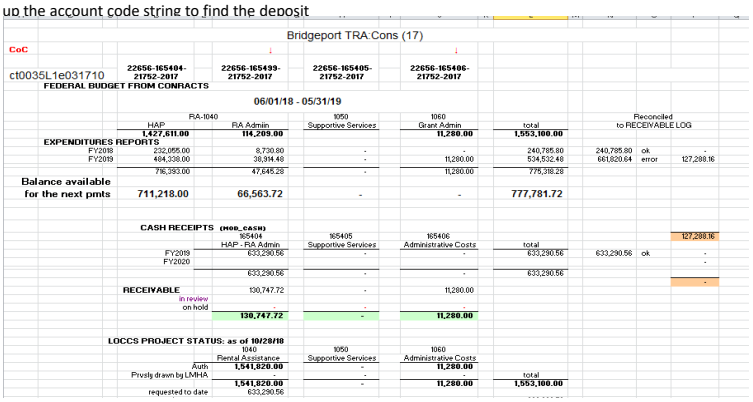


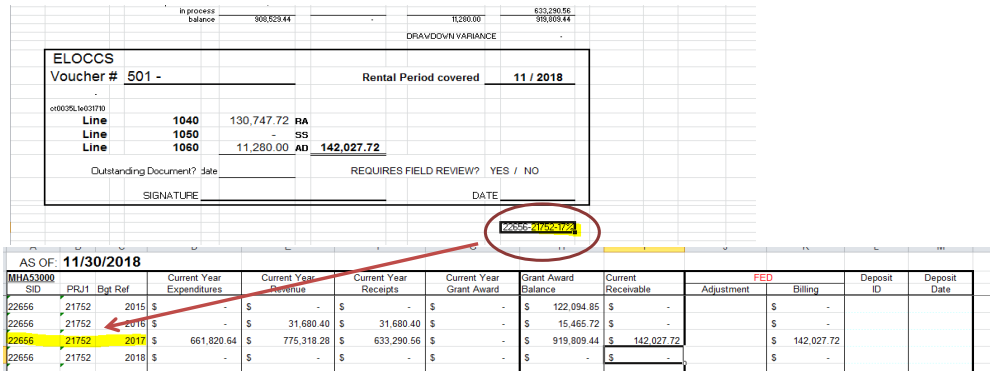
g. The posting action status must say [batch standard] for the system to post it overnight.



***repeat steps 2 and 3 for all deposits

4. Attach printed deposit to reconciliation page
   a. staple the printed deposit on top of the reconciliation page
   b. double check that you are attaching the correct deposit to the correct receivable page.
5. LOG receipts on Receivable log summary page
   a. pull the receivable log summary that you printed in step II-F-6
   b. Look up the account code string to find the deposit



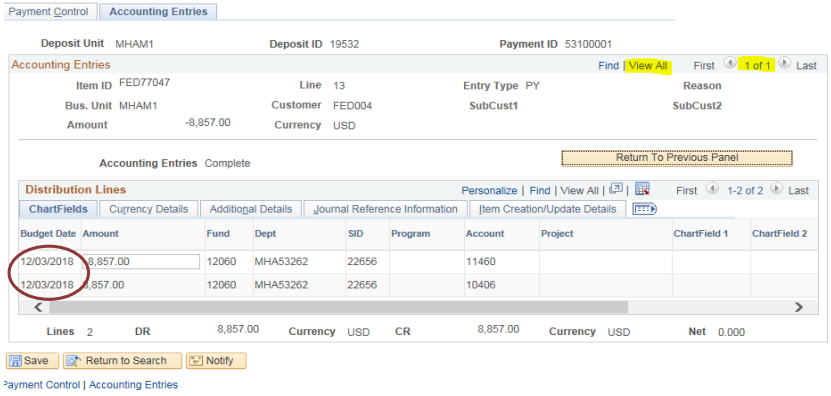


c. write the deposit number and deposit date in the columns to the right

AS OF: **11/30/2018**

MHA53000 SID	PRJ1	Bgt Ref	Current Year Expenditures	Current Year Revenue	Current Year Receipts	Current Year Grant Award	Grant Award Balance	Current Receivable	FED Adjustment	FED Billing	Deposit ID	Deposit Date
22656	21752	2015	$ -	$ -	$ -	$ -	$ 122,094.85	$ -		$ -		
22656	21752	2016	$ -	$ 31,680.40	$ 31,680.40	$ -	$ 15,465.72	$ -		$ -		
22656	21752	2017	$ 661,820.64	$ 775,318.28	$ 633,290.56	$ -	$ 919,809.44	$ 142,027.72		$ 142,027.72	19497	12/3/2018
22656	21752	2018	$ -	$ -	$ -	$ -	$ -	$ -		$ -		
22656	21816	2015	$ -	$ -	$ -	$ -	$ 3,647.28	$ -		$ -		

**deposit date = budget date on deposit accounting entries

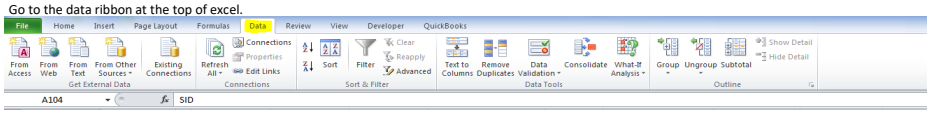


** set aside receivable log summary pages for audit review at end of year

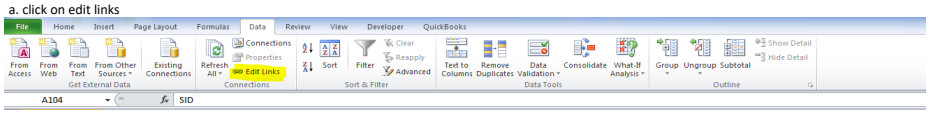
6. File Deposits in drawer by business office for cash deposits.

I. Build 8% admin generation workbook.

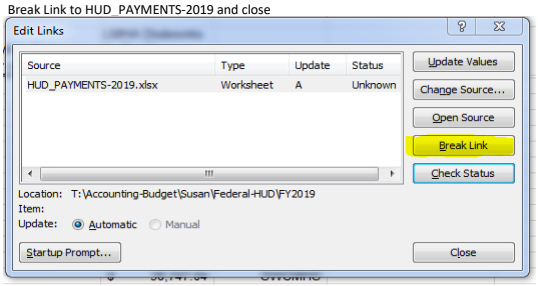
1. Open workbook for the current month
   T:\Accounting-Budget\HOUSING Program\Continuum of Care (Shelter Plus Care)\Federal-HUD\FY2019\admin
   a. Enable Content
   b. It will automatically link to the HUD_PAYMENTS register pulling total admin due per grant
   c. save the current month.
2. Save the workbook and make a copy of it for the next month.
   a. Save as the next month (ie: December 2018.xlsx)
   b. Copy b6 through b96 to J6 to J96
      * this will set the reporting schedule to zero for the next month.
   c. Save the file
   d. Close next month's file
3. Reopen the current month's file (ie: November 2018.xlsx)
   a. Update links to the HUD_PAYMENTS Spreadsheet
4. Go to the data ribbon at the top of excel.



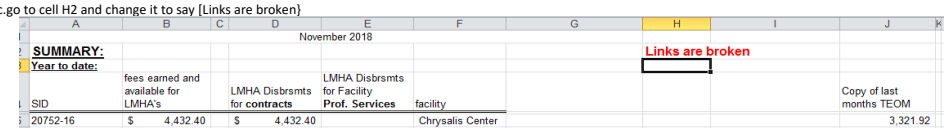
a. click on edit links



   b. Break Link to HUD_PAYMENTS-2019 and close

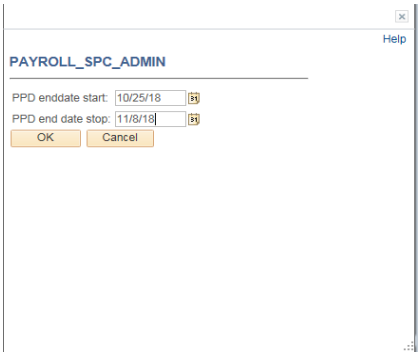


   c.go to cell H2 and change it to say [Links are broken}



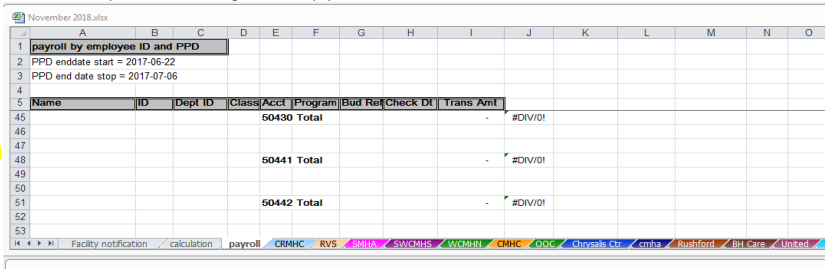
	A	B	C	D	E	F	G	H	I	J
					November 2018					
	SUMMARY:							**Links are broken**		
	Year to date:									
	SID	fees earned and available for LMHA's		LMHA Disbrsmts for **contracts**	LMHA Disbrsmts for Facility **Prof. Services**	facility				Copy of last months TEOM
	20752-16	$ 4,432.40		$ 4,432.40		Chrysalis Center				3,321.92

   d. save the workbook
5. Load payroll into the payroll tab.
   a. Run the Payroll_SPC_ADMIN report in EPM
      * Load the payperiod endates for the month you are working on.



   b. Copy the lines from the report into the matching rows on the payroll tab

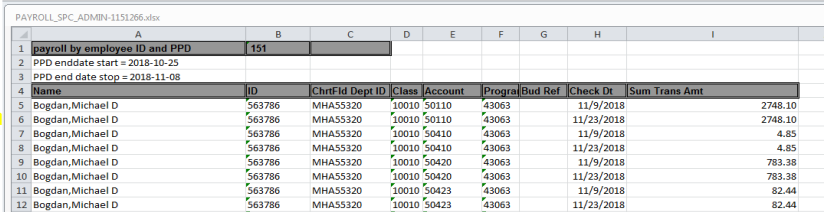
Monthly file



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	**payroll by employee ID and PPD**														
2	PPD enddate start = 2017-06-22														
3	PPD end date stop = 2017-07-06														
4															
5	**Name**	**ID**	**Dept ID**	**Class**	**Acct**	**Program**	**Bud Ref**	**Check Dt**	**Trans Amt**						
45					**50430 Total**				-	#DIV/0!					
46															
47															
48					**50441 Total**				-	#DIV/0!					
49															
50															
51					**50442 Total**				-	#DIV/0!					
52															
53															

Facility notification | calculation | payroll | CRMHC | RVS | SMHA | SWCMHS | WCMHN | CMHC | OOC | Chrysalis Ctr | cmha | Rushford | BH Care | United

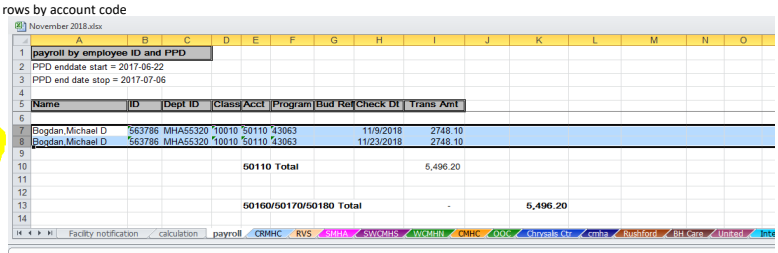
EPM Report



	A	B	C	D	E	F	G	H	I
1	**payroll by employee ID and PPD**	**151**							
2	PPD enddate start = 2018-10-25								
3	PPD end date stop = 2018-11-08								
4	**Name**	**ID**	**ChrtFld Dept ID**	**Class**	**Account**	**Progra**	**Bud Ref**	**Check Dt**	**Sum Trans Amt**
5	Bogdan,Michael D	563786	MHA55320	10010	50110	43063		11/9/2018	2748.10
6	Bogdan,Michael D	563786	MHA55320	10010	50110	43063		11/23/2018	2748.10
7	Bogdan,Michael D	563786	MHA55320	10010	50410	43063		11/9/2018	4.85
8	Bogdan,Michael D	563786	MHA55320	10010	50410	43063		11/23/2018	4.85
9	Bogdan,Michael D	563786	MHA55320	10010	50420	43063		11/9/2018	783.38
10	Bogdan,Michael D	563786	MHA55320	10010	50420	43063		11/23/2018	783.38
11	Bogdan,Michael D	563786	MHA55320	10010	50423	43063		11/9/2018	82.44
12	Bogdan,Michael D	563786	MHA55320	10010	50423	43063		11/23/2018	82.44

1. insert rows by account code

Monthly file



payroll by employee ID and PPD

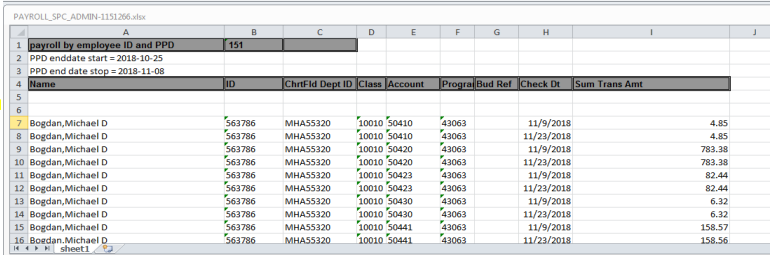
PPD enddate start = 2017-06-22

PPD end date stop = 2017-07-06

Name	ID	Dept ID	Class	Acct	Program	Bud Ref	Check Dt	Trans Amt
Bogdan,Michael D	563786	MHA55320	10010	50110	43063		11/9/2018	2748.10
Bogdan,Michael D	563786	MHA55320	10010	50110	43063		11/23/2018	2748.10
				50110 Total				5,496.20
				50160/50170/50180 Total			-	5,496.20

Facility notification | calculation | payroll | CRMHC | RVS | SMHA | SWCMHS | WCMHN | CMHC | OOC | Chrysalis Ctr | cmha | Rushford | Bit Cetc | United | Inte

EPM Report



PAYROLL_SPC_ADMIN-1151266.xlsx

payroll by employee ID and PPD 151

PPD enddate start = 2018-10-25

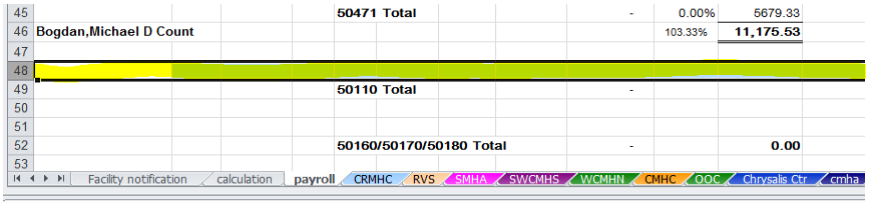
PPD end date stop = 2018-11-08

Name	ID	ChrtFld Dept ID	Class	Account	Progra	Bud Ref	Check Dt	Sum Trans Amt
Bogdan,Michael D	563786	MHA55320	10010	50410	43063		11/9/2018	4.85
Bogdan,Michael D	563786	MHA55320	10010	50410	43063		11/23/2018	4.85
Bogdan,Michael D	563786	MHA55320	10010	50420	43063		11/9/2018	783.38
Bogdan,Michael D	563786	MHA55320	10010	50420	43063		11/23/2018	783.38
Bogdan,Michael D	563786	MHA55320	10010	50423	43063		11/9/2018	82.44
Bogdan,Michael D	563786	MHA55320	10010	50423	43063		11/23/2018	82.44
Bogdan,Michael D	563786	MHA55320	10010	50430	43063		11/9/2018	6.32
Bogdan,Michael D	563786	MHA55320	10010	50430	43063		11/23/2018	6.32
Bogdan,Michael D	563786	MHA55320	10010	50441	43063		11/9/2018	158.57
Bogdan,Michael D	563786	MHA55320	10010	50441	43063		11/23/2018	158.56

sheet1

2. enter all employees to their respective rows.

You would have to hightlight the line , cut and Paste between the two lines above the account total row.



50471 Total	-	0.00%	5679.33	
Bogdan,Michael D Count		103.33%	11,175.53	
50110 Total	-			
50160/50170/50180 Total	-		0.00	

Facility notification | calculation | payroll | CRMHC | RVS | SMHA | SWCMHS | WCMHN | CMHC | OOC | Chrysalis Ctr | cmha

* Delete data for account 50423. We don't reimburse for this account code. This is the only code that is not reimbursed.

what other accounts don't we reimburse for

It should look like this wshen you are done

payroll by employee ID and PPD

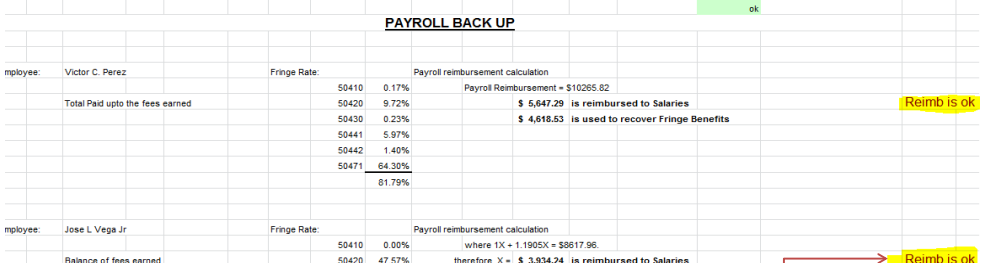
PPD enddate start = 2018-10-25

PPD end date stop = 2018-11-08

Name	ID	Dept ID	Class	Acct	Program	Bud Ref	Check Dt	Trans Amt		
Bogdan,Michael D	563786	MHA55320	10010	50110	43063		11/9/2018	2748.10		
Bogdan,Michael D	563786	MHA55320	10010	50110	43063		11/23/2018	2748.10		
				50110 Total				5,496.20		
				50160/50170/50180 Total				-		5,496.20
Bogdan,Michael D	563786	MHA55320	10010	50410	43063		11/9/2018	4.85		
Bogdan,Michael D	563786	MHA55320	10010	50410	43063		11/23/2018	4.85		
				50410 Total				9.70	0.18%	
Bogdan,Michael D	563786	MHA55320	10010	50420	43063		11/9/2018	783.38		
Bogdan,Michael D	563786	MHA55320	10010	50420	43063		11/23/2018	783.38		
				50420 Total				1,566.76	28.51%	
Bogdan,Michael D	563786	MHA55320	10010	50430	43063		11/9/2018	6.32		
Bogdan,Michael D	563786	MHA55320	10010	50430	43063		11/23/2018	6.32		
				50430 Total				12.64	0.23%	
Bogdan,Michael D	563786	MHA55320	10010	50441	43063		11/9/2018	158.57		
Bogdan,Michael D	563786	MHA55320	10010	50441	43063		11/23/2018	158.56		
				50441 Total				317.13	5.77%	
Bogdan,Michael D	563786	MHA55320	10010	50442	43063		11/9/2018	37.08		
Bogdan,Michael D	563786	MHA55320	10010	50442	43063		11/23/2018	37.08		
				50442 Total				74.16	1.35%	

6. Check each facility tab for payroll errors

a. check CRMHC, RVC, SMHA, SWCMHS and WCMHN



ok

PAYROLL BACK UP

mployee: Victor C. Perez — Fringe Rate: — Payroll reimbursement calculation

50410	0.17%	Payroll Reimbursement = $10265.82
50420	9.72%	$ 5,647.29 is reimbursed to Salaries
50430	0.23%	$ 4,618.53 is used to recover Fringe Benefits
50441	5.97%	
50442	1.40%	
50471	64.30%	
	81.79%	

Total Paid upto the fees earned

Reimb is ok

mployee: Jose L Vega Jr — Fringe Rate: — Payroll reimbursement calculation

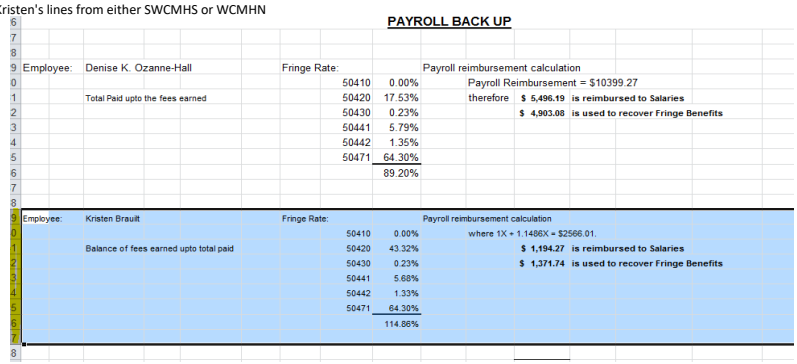
50410	0.00%	where 1X + 1.1905X = $8617.96.
50420	47.57%	therefore X = $ 3,934.24 is reimbursed to Salaries

Balance of fees earned

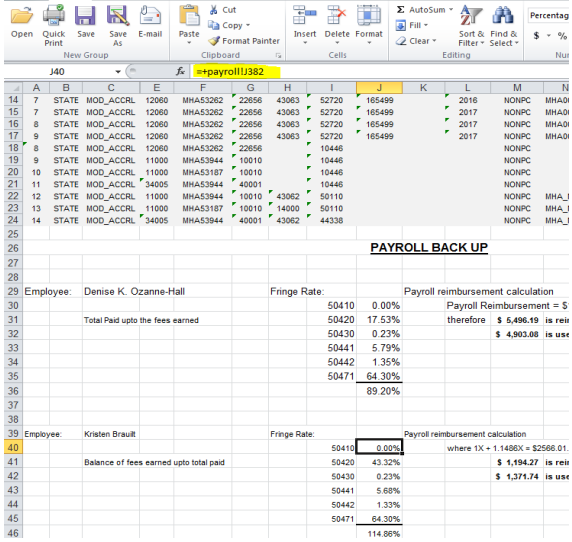
Reimb is ok

b. Check for OK below the total
Check for Reimb is ok

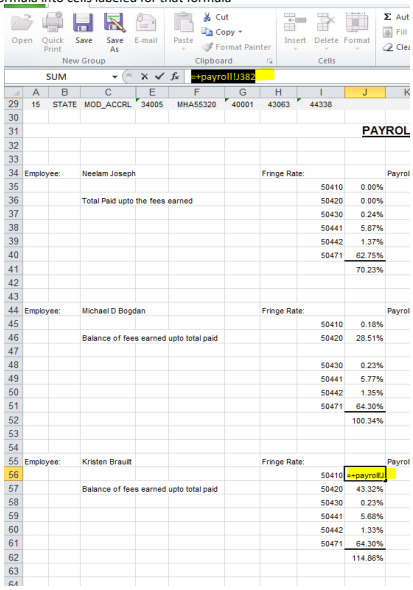
c. If it says error below the total you would need to add Kristen's Brault to the mix.
* WCMHN and SWCMHS both are set up to receive Kristen's salary.
1. add rows to allow for Kristen's line items. You need 9 rows
2. copy Kristen's lines from either SWCMHS or WCMHN



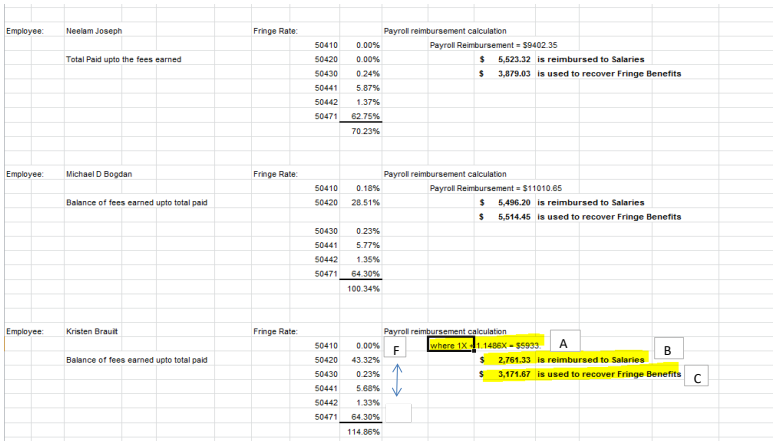
3. Copy formula in the fringe percentage to the new location. EXCEL doesn't pull the formulas literally, but will pull it relatively so we need to reset the formula to pull from the payroll tab for Kristen.



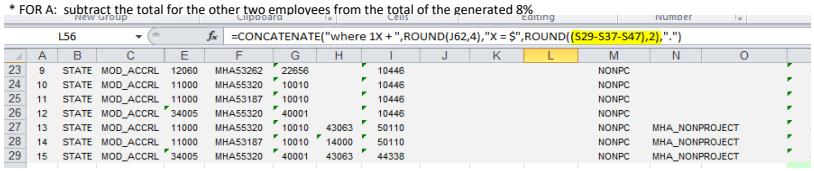
4. Paste formula into cells labeled for that formula



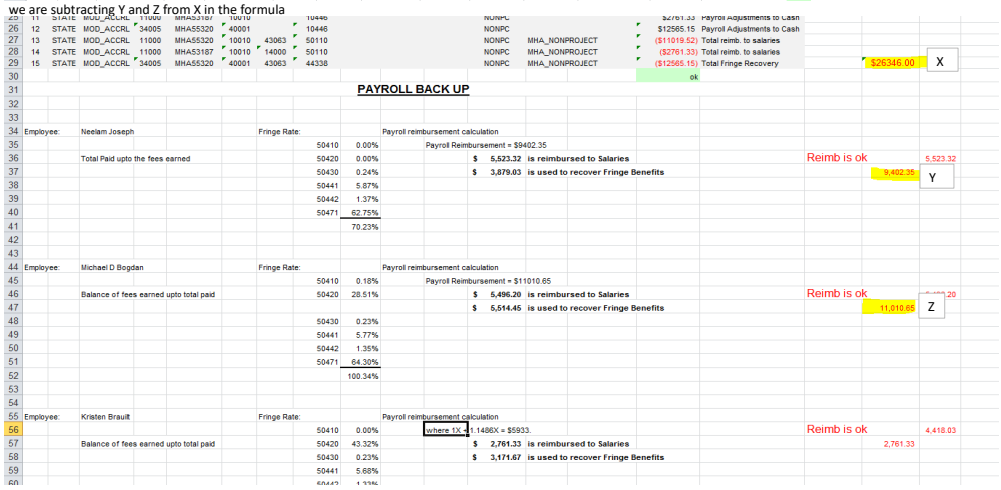
5. reset formulas to account for the other lines of payroll.



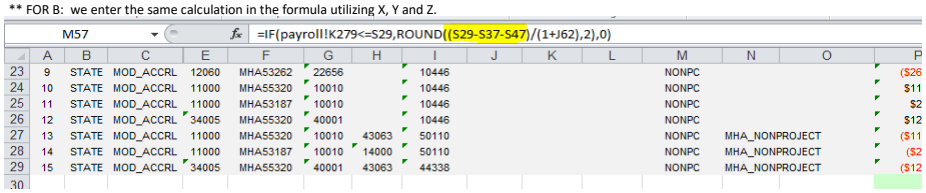
* FOR A: subtract the total for the other two employees from the total of the generated 8%



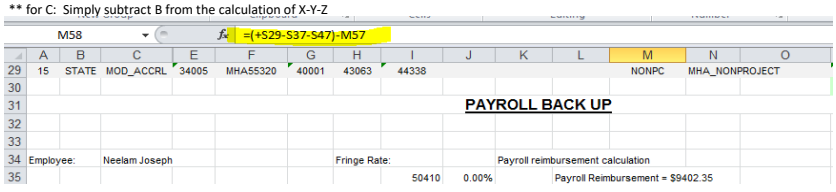
we are subtracting Y and Z from X in the formula



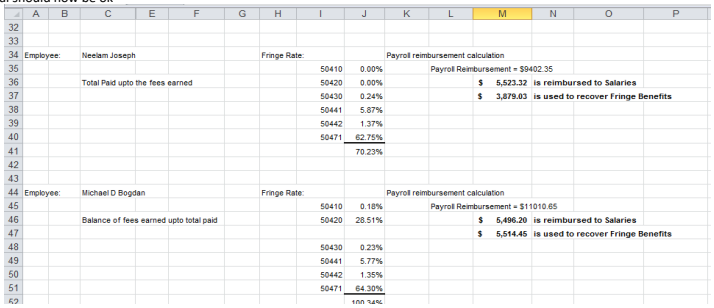
** FOR B: we enter the same calculation in the formula utilizing X, Y and Z.



** for C: Simply subtract B from the calculation of X-Y-Z



* The total should now be ok



52				100.34%			
53							
54							
55	Employee:	Kristen Brauilt	Fringe Rate:			Payroll reimbursement calculation	
56			50410	0.00%		where 1X + 1.1486X = $5933.	
57		Balance of fees earned upto total paid	50420	43.32%		$ 2,761.33	is reimbursed to Salaries
58			50430	0.23%		$ 3,171.67	is used to recover Fringe Benefits
59			50441	5.68%			
60			50442	1.33%			
61			50471	64.30%			
62				114.86%			
63							
64							
65							
66						$ 26,346.00	
67						ok	
68	REIMBURSABLE COST RECOVERY REPORT (Federal and Other Funds)						

6. Add lines in the journal portion to account for Kristen's reimbursement.

Spreadsheet Journal Import Header SWMHS

Journal Date Description | OK TO PAY | DATE

mha19pc018 12/13/2018 co 826 Shelter Plus Care Admin Reimbursement for the month of November 2018

Line #	Unit	Ledger	Fund	Dept ID	SID	Program	Account	Chartfield 1	Chartfield 2	Budget Ref	PC BU	Project	Base Amount	Desc
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000020856	$3222.08	20856-17
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000020856	$0.00	20856-18
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021713	$1217.60	21713-17
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000021713	$0.00	21713-18
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000021714	$0.00	21714-16
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021714	$0.00	21714-17
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021752	$9409.76	21752-17
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000021752	$0.00	21752-18
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000021871	$0.00	21871-16
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021871	$0.00	21871-17
4	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022247	$656.72	22247-16
5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022247	$1281.84	22247-17
5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022258	$0.00	22258-16
6	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022258	$1043.44	22258-17
7	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022646	$136.96	22646-16
7	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022646	$0.00	22646-17
8	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022662	$9377.60	22662-17
9	STATE	MOD_ACCRL	12060	MHA53262	22656		10446				NONPC		($26346.00)	Payroll Adjustments to Cash
10	STATE	MOD_ACCRL	11000	MHA55320	10010		10446				NONPC		$11019.52	Payroll Adjustments to Cash
11	STATE	MOD_ACCRL	11000	MHA53187	10010		10446				NONPC		$2761.33	Payroll Adjustments to Cash
12	STATE	MOD_ACCRL	34005	MHA55320	40001		10446				NONPC		$12565.15	Payroll Adjustments to Cash
13	STATE	MOD_ACCRL	11000	MHA55320	10010	43063	50110				NONPC	MHA_NONPROJECT	($11019.52)	Total reimb. to salaries
14	STATE	MOD_ACCRL	11000	MHA53187	10010	14000	50110				NONPC	MHA_NONPROJECT	($2761.33)	Total reimb. to salaries
15	STATE	MOD_ACCRL	34005	MHA55320	40001	43063	44338				NONPC	MHA_NONPROJECT	($12565.15)	Total Fringe Recovery
													ok	

* The amount will be B from step 5 above.

7. Add C from step 5 to the last line (total Fringe Recovery)

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Journal Date Description | OK TO PAY | DATE

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1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000020856	$3222.08	20856-17
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000020856	$0.00	20856-18
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021713	$1217.60	21713-17
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000021713	$0.00	21713-18
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000021714	$0.00	21714-16
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021714	$0.00	21714-17
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021752	$9409.76	21752-17
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000021752	$0.00	21752-18
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000021871	$0.00	21871-16
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021871	$0.00	21871-17
4	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022247	$656.72	22247-16
5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022247	$1281.84	22247-17
5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022258	$0.00	22258-16
6	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022258	$1043.44	22258-17
7	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022646	$136.96	22646-16
7	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022646	$0.00	22646-17
8	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022662	$9377.60	22662-17
9	STATE	MOD_ACCRL	12060	MHA53262	22656		10446				NONPC		($26346.00)	Payroll Adjustments to Cash
10	STATE	MOD_ACCRL	11000	MHA55320	10010		10446				NONPC		$11019.52	Payroll Adjustments to Cash
11	STATE	MOD_ACCRL	11000	MHA53187	10010		10446				NONPC		$2761.33	Payroll Adjustments to Cash
12	STATE	MOD_ACCRL	34005	MHA55320	40001		10446				NONPC		$12565.15	Payroll Adjustments to Cash
13	STATE	MOD_ACCRL	11000	MHA55320	10010	43063	50110				NONPC	MHA_NONPROJECT	($11019.52)	Total reimb. to salaries
14	STATE	MOD_ACCRL	11000	MHA53187	10010	14000	50110				NONPC	MHA_NONPROJECT	($2761.33)	Total reimb. to salaries
15	STATE	MOD_ACCRL	34005	MHA55320	40001	43063	44338				NONPC	MHA_NONPROJECT	($12565.15)	Total Fringe Recovery
													ok	

* the check should now say OK

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Journal Date Description | OK TO PAY | DATE

mha19pc018 12/13/2018 co 826 Shelter Plus Care Admin Reimbursement for the month of November 2018

Line #	Unit	Ledger	Fund	Dept ID	SID	Program	Account	Chartfield 1	Chartfield 2	Budget Ref	PC BU	Project	Base Amount	Desc
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000020856	$3222.08	20856-17
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000020856	$0.00	20856-18
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021713	$1217.60	21713-17
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000021713	$0.00	21713-18
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000021714	$0.00	21714-16
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021714	$0.00	21714-17
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021752	$9409.76	21752-17
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000021752	$0.00	21752-18
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000021871	$0.00	21871-16
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021871	$0.00	21871-17
4	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022247	$656.72	22247-16
5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022247	$1281.84	22247-17
5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022258	$0.00	22258-16
6	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022258	$1043.44	22258-17
7	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022646	$136.96	22646-16
7	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022646	$0.00	22646-17
8	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022662	$9377.60	22662-17
9	STATE	MOD_ACCRL	12060	MHA53262	22656		10446				NONPC		($26346.00)	Payroll Adjustments to Cash
10	STATE	MOD_ACCRL	11000	MHA55320	10010		10446				NONPC		$11019.52	Payroll Adjustments to Cash
11	STATE	MOD_ACCRL	11000	MHA53187	10010		10446				NONPC		$2761.33	Payroll Adjustments to Cash
12	STATE	MOD_ACCRL	34005	MHA55320	40001		10446				NONPC		$12565.15	Payroll Adjustments to Cash
13	STATE	MOD_ACCRL	11000	MHA55320	10010	43063	50110				NONPC	MHA_NONPROJECT	($11019.52)	Total reimb. to salaries
14	STATE	MOD_ACCRL	11000	MHA53187	10010	14000	50110				NONPC	MHA_NONPROJECT	($2761.33)	Total reimb. to salaries
15	STATE	MOD_ACCRL	34005	MHA55320	40001	43063	44338				NONPC	MHA_NONPROJECT	($12565.15)	Total Fringe Recovery
													ok	

* total payroll adjustments to Cash should equial Zero.

Spreadsheet Journal Import Header SWMHS

Journal Date Description | OK TO PAY | DATE

mha19pc018 12/13/2018 co 826 Shelter Plus Care Admin Reimbursement for the month of November 2018

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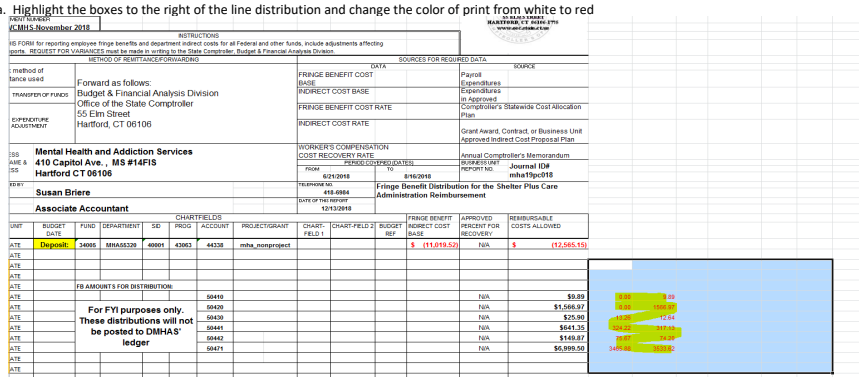
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000020856	$3222.08	20856-17
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000020856	$0.00	20856-18
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021713	$1217.60	21713-17
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000021713	$0.00	21713-18
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000021714	$0.00	21714-16
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021714	$0.00	21714-17
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021752	$9409.76	21752-17
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000021752	$0.00	21752-18
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000021871	$0.00	21871-16
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000021871	$0.00	21871-17
4	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022247	$656.72	22247-16
5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022247	$1281.84	22247-17
5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022258	$0.00	22258-16
6	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022258	$1043.44	22258-17
7	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022646	$136.96	22646-16
7	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022646	$0.00	22646-17
8	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022662	$9377.60	22662-17
9	STATE	MOD_ACCRL	12060	MHA53262	22656		10446				NONPC		($26346.00)	Payroll Adjustments to Cash
10	STATE	MOD_ACCRL	11000	MHA55320	10010		10446				NONPC		$11019.52	Payroll Adjustments to Cash
11	STATE	MOD_ACCRL	11000	MHA53187	10010		10446				NONPC		$2761.33	Payroll Adjustments to Cash
12	STATE	MOD_ACCRL	34005	MHA55320	40001		10446				NONPC		$12565.15	Payroll Adjustments to Cash
13	STATE	MOD_ACCRL	11000	MHA55320	10010	43063	50110				NONPC	MHA_NONPROJECT	($11019.52)	Total reimb. to salaries
14	STATE	MOD_ACCRL	11000	MHA53187	10010	14000	50110				NONPC	MHA_NONPROJECT	($2761.33)	Total reimb. to salaries
15	STATE	MOD_ACCRL	34005	MHA55320	40001	43063	44338				NONPC	MHA_NONPROJECT	($12565.15)	Total Fringe Recovery
													ok	

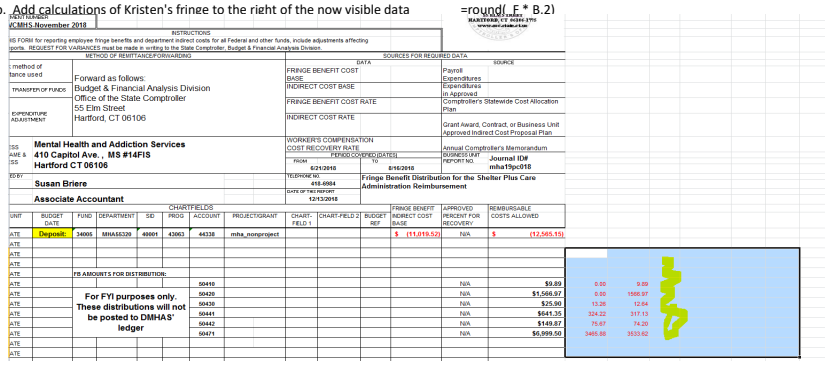
8. Add fringe benefit distribution for Kristen to the CO826 calculations.

a. Highlight the boxes to the right of the line distribution and change the color of print from white to red



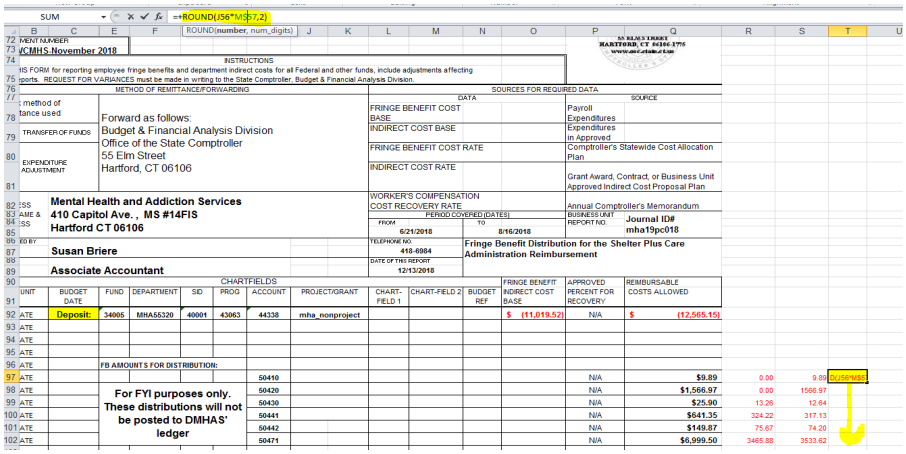
UNIT	BUDGET DATE	FUND	DEPARTMENT	SID	PROG	ACCOUNT	PROJECT/GRANT	CHART-FIELD 1	CHART-FIELD 2	BUDGET REF	FRINGE BENEFIT INDIRECT COST BASE	APPROVED PERCENT FOR RECOVERY	REIMBURSABLE COSTS ALLOWED
ATE	Deposit:	34005	MHA55320	40001	43063	44338	mha_nonproject				$ (11,019.52)	N/A	$ (12,565.15)
ATE													
ATE													
ATE													
ATE	FB AMOUNTS FOR DISTRIBUTION:												
ATE	For FYI purposes only. These distributions will not be posted to DMHAS' ledger					50410						N/A	$9.89
ATE						50420						N/A	$1,566.97
ATE						50430						N/A	$25.90
ATE						50441						N/A	$641.35
ATE						50442						N/A	$149.87
ATE						50471						N/A	$6,999.50
ATE													
ATE													

b. Add calculations of Kristen's fringe to the right of the now visible data =round(F * B.2)



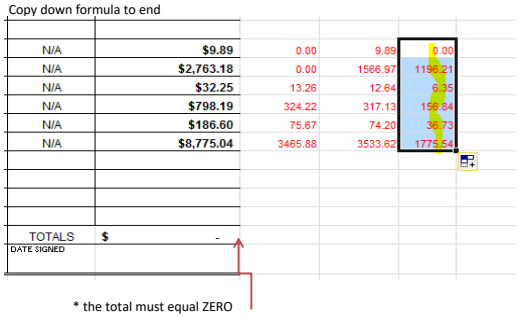
UNIT	BUDGET DATE	FUND	DEPARTMENT	SID	PROG	ACCOUNT	PROJECT/GRANT	CHART-FIELD 1	CHART-FIELD 2	BUDGET REF	FRINGE BENEFIT INDIRECT COST BASE	APPROVED PERCENT FOR RECOVERY	REIMBURSABLE COSTS ALLOWED
ATE	Deposit:	34005	MHA55320	40001	43063	44338	mha_nonproject				$ (11,019.52)	N/A	$ (12,565.15)
ATE													
ATE													
ATE													
ATE	FB AMOUNTS FOR DISTRIBUTION:												
ATE	For FYI purposes only. These distributions will not be posted to DMHAS' ledger					50410						N/A	$9.89
ATE						50420						N/A	$1,566.97
ATE						50430						N/A	$25.90
ATE						50441						N/A	$641.35
ATE						50442						N/A	$149.87
ATE						50471						N/A	$6,999.50
ATE													
ATE													

* make sure that you add the $ sign in B



UNIT	BUDGET DATE	FUND	DEPARTMENT	SID	PROG	ACCOUNT	PROJECT/GRANT	CHART-FIELD 1	CHART-FIELD 2	BUDGET REF	FRINGE BENEFIT INDIRECT COST BASE	APPROVED PERCENT FOR RECOVERY	REIMBURSABLE COSTS ALLOWED
ATE	Deposit:	34005	MHA55320	40001	43063	44338	mha_nonproject				$ (11,019.52)	N/A	$ (12,565.15)
ATE													
ATE													
ATE													
ATE	FB AMOUNTS FOR DISTRIBUTION:												
ATE	For FYI purposes only. These distributions will not be posted to DMHAS' ledger					50410						N/A	$9.89
ATE						50420						N/A	$1,566.97
ATE						50430						N/A	$25.90
ATE						50441						N/A	$641.35
ATE						50442						N/A	$149.87
ATE						50471						N/A	$6,999.50
ATE													
ATE													

Copy down formula to end



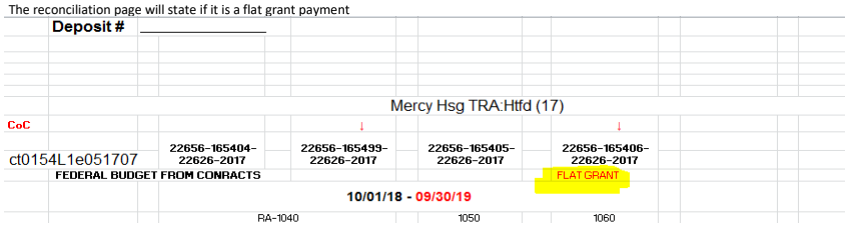
N/A	$9.89	0.00	9.89	0.00
N/A	$2,763.18	0.00	1566.97	1196.21
N/A	$32.25	13.26	12.64	6.35
N/A	$798.19	324.22	317.13	156.84
N/A	$186.60	75.67	74.20	36.73
N/A	$8,775.04	3465.88	3533.62	1775.54
TOTALS	$ -			
DATE SIGNED				

* the total must equal ZERO

7. Enter Grant admin to OOC spreadsheet journal

* Here we search the HUD Reconciliation pages for grant admin due that is not paid as a flat grant.

The reconciliation page will state if it is a flat grant payment



Deposit # _____

Mercy Hsg TRA:Htfd (17)

CoC				
ct0154L1e051707	22656-165404-22626-2017	22656-165439-22626-2017	22656-165405-22626-2017	22656-165406-22626-2017
FEDERAL BUDGET FROM CONRACTS				FLAT GRANT
		10/01/18 - 09/30/19		
	RA-1040		1050	1060

	HAP	RA Admiin	Supportive Services	Grant Admin	total	to
	95,000.00	7,600.00		6,985.00	109,585.00	
EXPENDITURES REPORTS						
FY2019	20,436.00	1,084.56	-	1,747.00	23,267.56	23,267.5
FY2020					278.00	
		278.00				

a. try to use the grants that are expiring soon first, then move out to the other grants.

HUD reconciliation-2019.xlsx

Hartford TRA:Gtr Htfd(17)

CoC		↓		↓				
ct0292L1e051701	22656-165404- 22665-2017	22656-165499- 22665-2017	22656-165405- 22665-2017	22656-165406- 22665-2017				
FEDERAL BUDGET FROM CONRACTS								
	06/01/18 - 05/31/19							
	RA-1040		1050	1060		Reconciled		
	HAP	RA Admiin	Supportive Services	Grant Admin	total	to RECEIVABLE LOG		
	97,100.00	7,768.00		7,297.00	112,165.00			
EXPENDITURES REPORTS								
FY2018	9,668.00	-	-	-	9,668.00	9,668.00	ok	-
FY2019	41,383.00	2,718.64	-	1,882.00	45,983.64	45,983.64	ok	-
	51,051.00	2,718.64	-	1,882.00	55,651.64			
Balance available								
for the next pmts	46,049.00	5,049.36	-	5,415.00	56,513.36			

b. Enter the grant admin balance into the OOC Spreasheet on the 8% admin spreadsheet

November 2018.xlsx

Spreadsheet Journal Import Header OOC

Journal	Date	Description	OK TO PAY	DATE
mha19pc083	12/13/2018	co 826 Shelter Plus Care Admin Reimbursement for the month of November 2018		

Line #	Unit	Ledger	Fund	Dept ID	SID	Program	Account	Chartfield 1	Chartfield 2	Budget Ref	PC BU	Project	Base Amount	Desc
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA000000022665	$5415.00	22665-17
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA0000000		
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA0000000		
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA0000000		
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA0000000		
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA0000000		
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA0000000		
2	STATE	MOD_ACCRL	12060	MHA53262	22656		10446				NONPC		($5415.00)	Payroll Adjustments to Cash
3	STATE	MOD_ACCRL	11000	MHA53262	10010		10446				NONPC		$2799.61	Payroll Adjustments to Cash
4	STATE	MOD_ACCRL	34005	MHA53262	40001		10446				NONPC		$2615.39	Payroll Adjustments to Cash
5	STATE	MOD_ACCRL	11000	MHA53262	10010	14000	50110				NONPC	MHA_NONPROJECT	($2799.61)	Total reimb. to Payroll
6	STATE	MOD_ACCRL	34005	MHA53262	40001	14000	44338				NONPC	MHA_NONPROJECT	($2615.39)	Total Fringe Recovery

HUD reconciliation-2019.xlsx

Hartford TRA:Gtr Htfd(17)

CoC		↓		↓				
ct0292L1e051701	22656-165404- 22665-2017	22656-165499- 22665-2017	22656-165405- 22665-2017	22656-165406- 22665-2017				
FEDERAL BUDGET FROM CONRACTS								
	06/01/18 - 05/31/19							
	RA-1040		1050	1060		Reconciled		
	HAP	RA Admiin	Supportive Services	Grant Admin	total	to RECEIVABLE LOG		
	97,100.00	7,768.00		7,297.00	112,165.00			
EXPENDITURES REPORTS								
FY2018	9,668.00	-	-	-	9,668.00	9,668.00	ok	-
FY2019	41,383.00	2,718.64	-	1,882.00	45,983.64	45,983.64	ok	-
	51,051.00	2,718.64	-	1,882.00	55,651.64			
Balance available								
for the next pmts	46,049.00	5,049.36	-	5,415.00	56,513.36			

c. Enter grant admins up to total of Alice's and Lisa's Salaries.

Spreadsheet Journal Import Header OOC

Journal	Date	Description	OK TO PAY	DATE
mha19pc083	12/13/2018	co 826 Shelter Plus Care Admin Reimbursement for the month of November 2018		

Line #	Unit	Ledger	Fund	Dept ID	SID	Program	Account	Chartfield 1	Chartfield 2	Budget Ref	PC BU	Project	Base Amount	Desc			
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA000000022665	$5415.00	22665-17			
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA0000000					
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA0000000					
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA0000000					
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA0000000					
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA0000000					
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA0000000					
2	STATE	MOD_ACCRL	12060	MHA53262	22656		10446				NONPC		($5415.00)	Payroll Adjustments to Cash			
3	STATE	MOD_ACCRL	11000	MHA53262	10010		10446				NONPC		$2799.61	Payroll Adjustments to Cash			
4	STATE	MOD_ACCRL	34005	MHA53262	40001		10446				NONPC		$2615.39	Payroll Adjustments to Cash			
5	STATE	MOD_ACCRL	11000	MHA53262	10010	14000	50110				NONPC	MHA_NONPROJECT	($2799.61)	Total reimb. to Payroll			
6	STATE	MOD_ACCRL	34005	MHA53262	40001	14000	44338				NONPC	MHA_NONPROJECT	($2615.39)	Total Fringe Recovery	$5415.00	$22,515.16	($17,100.16)
													ok				

PAYROLL BACK UP

* You have a check figure that lets you know how much more you can enter to reach the total payroll.

* you will always leave a few cents balance that is ok.

November 2018.xlsx

Line #	Unit	Ledger	Fund	Dept ID	SID	Program	Account	Chartfield 1	Chartfield 2	Budget Ref	PC BU	Project	Base Amount	Desc	S	U	W
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA000000022665	$5415.00	22665-17			
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA000000022245	$8495.00	22245-17			
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165406		2017	NONPC	MHA000000022249	$8605.00	22249-17			
4	STATE	MOD_ACCRL	12060	MHA53262	22656		10446				NONPC		($22515.00)	Payroll Adjustments to Cash			
5	STATE	MOD_ACCRL	11000	MHA53262	10010		10446				NONPC		$11189.88	Payroll Adjustments to Cash			
6	STATE	MOD_ACCRL	34005	MHA53262	40001		10446				NONPC		$11325.12	Payroll Adjustments to Cash			
7	STATE	MOD_ACCRL	11000	MHA53262	10010	14000	50110				NONPC	MHA_NONPROJECT	($11189.88)	Total reimb. to Payroll			
8	STATE	MOD_ACCRL	34005	MHA53262	40001	14000	44338				NONPC	MHA_NONPROJECT	($11325.12)	Total Fringe Recovery	$22515.00	$22,515.16	($0.16)
													ok				

PAYROLL BACK UP

Employee: Alice Minervino Fringe Rate: Payroll reimbursement calculation

50410 0.33% Payroll Reimbursement = $12623.26

8. SIGN out 7 journal ID numbers for spreadsheet journals
   a. go to Journal ID 2019 found in T:\Accounting-Budget\Log\2019
   b. Doc typ number = PC
      date = today's date
      Preparer = your initials
      Reason for Document = co826 [tab name] Shelter Plus Care Admin Reimbursement for the month of [current month]
      ie: co826 CRMHC Shelter Plus Care Admin Reimbursement for the month of November 2018

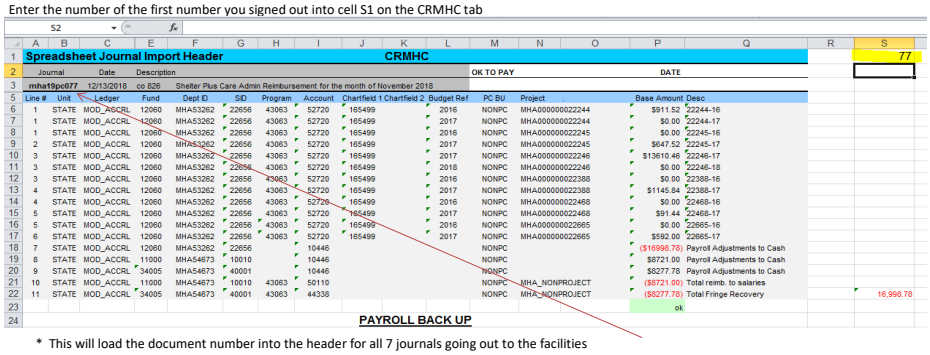
ie:MHA19xx###		G/L
		journal source
EX=expenditure transfer/correction		SSJ-spreadsheet journal entry
DC=deposit correction		DC-deposit correction journal
IC=Indirect Costs		co826 only
PC=Payroll Correction		PC-Payroll correction spreadsheet

DOC Type (ex,fb,rv etc)	Number	Date	Preparer	Reason for Document
IC	76	12/11/2018	BW	Indirect Cost Recovery, SID 22736
PC	77	12/13/2018	SB	co 826 CRMHC Shelter Plus Care Admin Reimbursement for the month of November 2018
PC	78	12/13/2018	SB	co 826 RVS Shelter Plus Care Admin Reimbursement for the month of November 2018
PC	79	12/13/2018	SB	co 826 SMHA Shelter Plus Care Admin Reimbursement for the month of November 2018
PC	80	12/13/2018	SB	co 826 SWCMHS Shelter Plus Care Admin Reimbursement for the month of November 2018

PC	81	12/13/2018	SB	co 826 WCMHN Shelter Plus Care Admin Reimbursement for the month of November 2018
PC	82	12/13/2018	SB	CMHC Shelter Plus Care Admin Reimbursement for the month of November 2018
PC	83	12/13/2018	SB	co 826 OOC Shelter Plus Care Admin Reimbursement for the month of November 2018
	84			

why is not CMHC co826

9. Enter the number of the first number you signed out into cell S1 on the CRMHC tab



1	Spreadsheet Journal Import Header								CRMHC										77	
2	Journal		Date	Description								OK TO PAY				DATE				
3	mha19pc077		12/13/2018	co 826	Shelter Plus Care Admin Reimbursement for the month of November 2018															
5	Line #	Unit	Ledger	Fund	Dept ID	SID	Program	Account	Chartfield 1	Chartfield 2	Budget Ref	PC BU	Project	Base Amount	Desc					
6	1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022244	$911.52	22244-16					
7	1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022244	$0.00	22244-17					
8	1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022245	$0.00	22245-16					
9	2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022245	$647.52	22245-17					
10	3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022246	$13610.46	22246-17					
11	3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000022246	$0.00	22246-18					
12	3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022388	$0.00	22388-16					
13	4	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022388	$1145.84	22388-17					
14	4	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022468	$0.00	22468-16					
15	5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022468	$91.44	22468-17					
16	5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022665	$0.00	22665-16					
17	6	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022665	$592.00	22665-17					
18	7	STATE	MOD_ACCRL	12060	MHA53262	22656		10446				NONPC		($16998.78)	Payroll Adjustments to Cash					
19	8	STATE	MOD_ACCRL	11000	MHA54673	10010		10446				NONPC		$8721.00	Payroll Adjustments to Cash					
20	9	STATE	MOD_ACCRL	34005	MHA54673	40001		10446				NONPC		$8277.78	Payroll Adjustments to Cash					
21	10	STATE	MOD_ACCRL	11000	MHA54673	10010	43063	50110				NONPC	MHA_NONPROJECT	($8721.00)	Total reimb. to salaries					
22	11	STATE	MOD_ACCRL	34005	MHA54673	40001	43063	44338				NONPC	MHA_NONPROJECT	($8277.78)	Total Fringe Recovery				16,998.78	
23														ok						
24									PAYROLL BACK UP											

* This will load the document number into the header for all 7 journals going out to the facilities

10. The other tabs are invoices for the providers. They will self load and do not need anythng added to it. Check them to make sure there aren't any errors

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
INVOICE FOR SHELTER PLUS CARE ADMINISTRATION

SECTION 1 - TO BE COMPLETED BY DMHAS/PSA STAFF			
CONTRACT #	19mha2114	CONTRACT PERIOD	7/1/2018 - 6/30/2019
CONTRACTOR NAME	CHRYSALIS CENTER, INC		
ADDRESS	255 HOMESTEAD AVE		
CITY	HARTFORD		
STATE	CT		
ZIP CODE	06112		
SECTION 2 - TO BE COMPLETED BY CONTRACTOR			
CONTRACTOR CONTACT NAME	J. Carillo		

DMHAS FACILITY: OOC ☑ RVS ☐ CVH ☐ CMHC ☐ WESTERN ☐ CRMHC ☐ SMHA ☐ CRH ☐ SWCMHS ☐

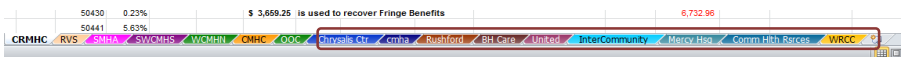
vendor ID: 0000011754

INVOICE #	19-2114 SPC November 2018	INV. DATE:	12/13/2018	
SERVICES		PERIOD OF TIME		AMOUNT
Administrative fee @ 8% of HAP Expenditures covering			HAP expenditure	Fee earned
Chrys.Ctr Htfd SRA: Soromundi Commons		November 2018		
20752-16			$ 13,873.00 x 8% =	$ 1,109.84
20752-17			$ - x 8% =	$ -
Chrys.Ctr BOS TRA:HEARRT				
22249-17			$ - x 8% =	$ -
22249-18			$ - x 8% =	$ -
PSH PROJECT- BOS 193				
22655-17-Chrys.			$ 81,310.00 x 8% =	$ 6,504.80
PSH PROJECT- BOS 134				
22661-17-Chrys.			$ 134,199.00 x 8% =	$ 10,735.92
			TOTAL	$ 18,350.56

DMHAS USE ONLY		FSB DATE STAMP
OOC/HOUSING REVIEW	DATE	
OOC/ACCOUNTANT APPROVAL	DATE	
FSB USE ONLY		
PURCHASE ORDER #		
AMOUNT	$	
VOUCHER #		
ENTERED BY	DATE	
APPROVED BY	DATE	

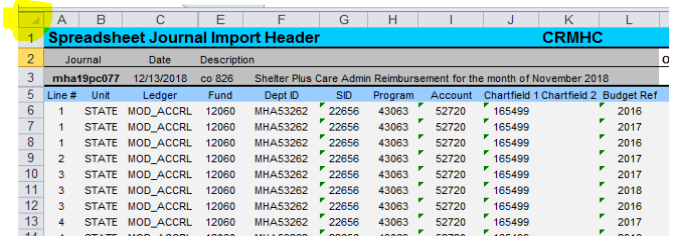
FUND	DEPARTMENT	SID	PROGRAM	ACCOUNT	CHARTFIELD 1	CHARTFIELD 2	PROJECT/ GRANT	BUDGET REFERENCE	AMOUNT
12060	mha53262	22656	43064	52742	165499	MHA03420	mha000000020752	2016	$ 1,109.84
12060	mha53262	22656	43064	52742	165499	MHA03420	mha000000020752	2017	$ -
12060	mha53262	22656	43064	52742	165499	MHA03420	mha000000022655	2017	$ 6,504.80
12060	mha53262	22656	43064	52742	165499	MHA03420	mha000000022661	2017	$ 10,735.92
12060	mha53262	22656	43064	52742	165499	MHA03420	mha000000022249	2017	$ -
12060	mha53262	22656	43064	52742	165499	MHA03420	mha000000022249	2018	$ -

10. Send to Alice Minervino in an email for her signature
    a. She will sign all colored tabs and return it to you.
11. Upon return from Alice, Save the file overwriting the one in the directory. This saves the copy with Alice's signature on it.
    a. Print all provider invoices (Chrysalis Ctr through WRCC)



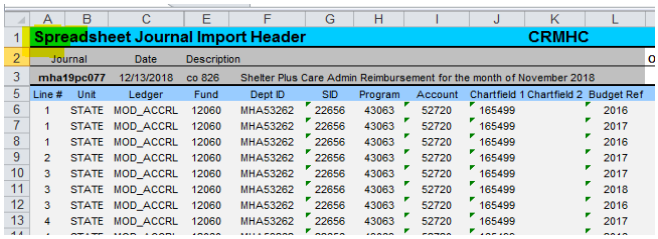
    b. sign them as the OOC/Accountant approval and date them.
    c. scan them into your U drive
    d. submit the scans to FSB at MHA-CVH-FSB-ScannedInvoices <MHACVHFSBScannedInvoices@ct.gov>
       * note in email that there are multiple invoices in each scan.
    e. Stamp each paper copy of invoice with [scanned to FSB] and file in the invoices folder on Susan's desk.
12. Save Spreadsheet as [month] CO826.xls
    ie: November 2018 co826.xlsx
13. Copy and Paste tab

a. Go to box between A and I and select the entire spreadsheet



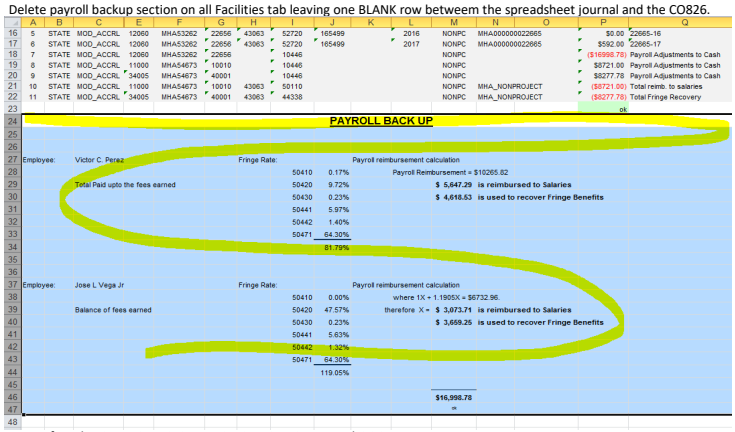
1	**Spreadsheet Journal Import Header**									**CRMHC**	
2	Journal	Date	Description								0
3	**mha19pc077**	12/13/2018	co 826	Shelter Plus Care Admin Reimbursement for the month of November 2018							
5	Line #	Unit	Ledger	Fund	Dept ID	SID	Program	Account	Chartfield 1	Chartfield 2	Budget Ref
6	1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016
7	1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017
8	1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016
9	2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017
10	3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017
11	3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018
12	3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016
13	4	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017

b. copy and paste values only to cell A1. We need to break not only links to the calculation tab but to the CO826 as well.



1	**Spreadsheet Journal Import Header**									**CRMHC**	
2	Journal	Date	Description								0
3	**mha19pc077**	12/13/2018	co 826	Shelter Plus Care Admin Reimbursement for the month of November 2018							
5	Line #	Unit	Ledger	Fund	Dept ID	SID	Program	Account	Chartfield 1	Chartfield 2	Budget Ref
6	1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016
7	1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017
8	1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016
9	2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017
10	3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017
11	3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018
12	3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016
13	4	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017

c. Delete payroll backup section on all Facilities tab leaving one BLANK row betweem the spreadsheet journal and the CO826.



16	5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022665		$0.00	22665-16	
17	6	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022665		$592.00	22665-17	
18	7	STATE	MOD_ACCRL	12060	MHA53262	22656		10446				NONPC			($16998.78)	Payroll Adjustments to Cash	
19	8	STATE	MOD_ACCRL	11000	MHA54673	10010		10446				NONPC			$8721.00	Payroll Adjustments to Cash	
20	9	STATE	MOD_ACCRL	34005	MHA54673	40001		10446				NONPC			$8277.78	Payroll Adjustments to Cash	
21	10	STATE	MOD_ACCRL	11000	MHA54673	10010	43063	50110				NONPC	MHA_NONPROJECT		($8721.00)	Total reimb. to salaries	
22	11	STATE	MOD_ACCRL	34005	MHA54673	40001	43063	44338				NONPC	MHA_NONPROJECT		($8277.78)	Total Fringe Recovery	
23																ok	
24	**PAYROLL BACK UP**																
25																	
26																	
27	Employee:	Victor C. Perez			Fringe Rate:			Payroll reimbursement calculation									
28						50410	0.17%	Payroll Reimbursement = $10265.82									
29		Total Paid upto the fees earned				50420	9.72%	**$ 5,647.29 is reimbursed to Salaries**									
30						50430	0.23%	**$ 4,618.53 is used to recover Fringe Benefits**									
31						50441	5.97%										
32						50442	1.40%										
33						50471	64.30%										
34							81.79%										
35																	
36																	
37	Employee:	Jose L Vega Jr			Fringe Rate:			Payroll reimbursement calculation									
38						50410	0.00%	where 1X + 1.1905X = $6732.96									
39		Balance of fees earned				50420	47.57%	therefore X = **$ 3,073.71 is reimbursed to Salaries**									
40						50430	0.23%	**$ 3,659.25 is used to recover Fringe Benefits**									
41						50441	5.63%										
42						50442	1.32%										
43						50471	64.30%										
44							119.05%										
45																	
46								**$16,998.78**									
47								=									
48																	

d. repeat for tabs, CRMHC, RVS, SMHA, SWCMHS, WCMHN and OOC
**save file to prevent corruption

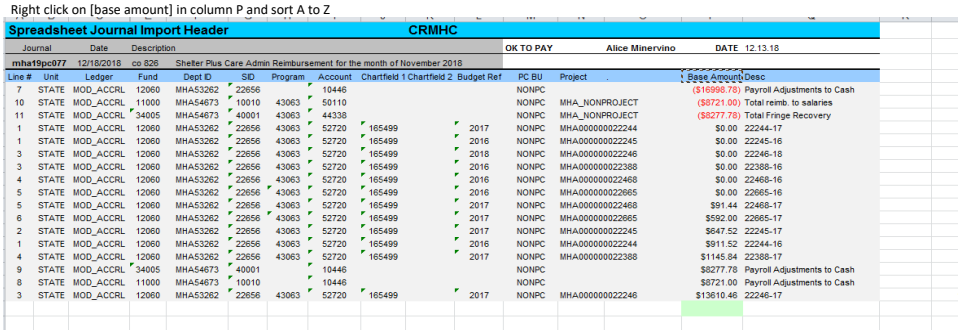
14. remove the following tabs: facility notification, calculation, payroll, Chrysalis Ctr, cmha, Rushford BH Care, United, InterCommunity, Mercy Hsg, Comm Hlth Rscrses, and WRCC

**save file again. This time it is setting up for submission of CO826.

15. Prepare journals for upload by removing zero lines

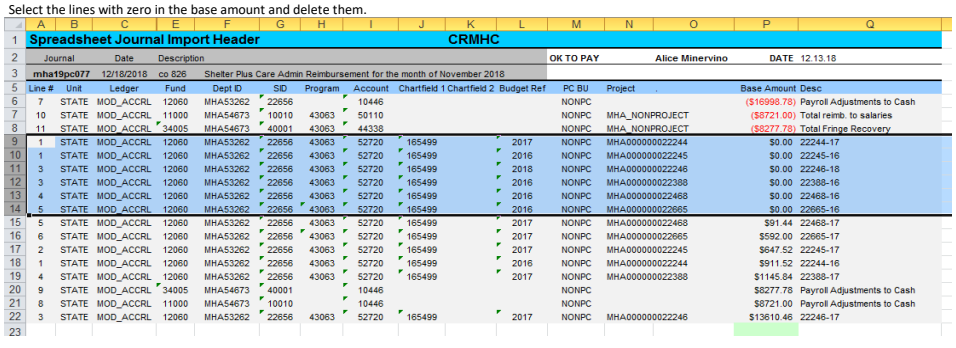
* Do this for tabs labeled CRMHC, RVS. SMHA, SWCMHS, WCMHN and CMHC
OOC shouldn't have any zero lines to remove

a. Right click on [base amount] in column P and sort A to Z



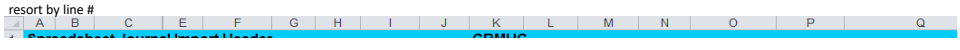
Spreadsheet Journal Import Header												**CRMHC**					
Journal	Date	Description										**OK TO PAY**	**Alice Minervino**	**DATE**	12.13.18		
mha19pc077	12/18/2018	co 826	Shelter Plus Care Admin Reimbursement for the month of November 2018														
Line #	Unit	Ledger	Fund	Dept ID	SID	Program	Account	Chartfield 1	Chartfield 2	Budget Ref	PC BU	Project	.	Base Amount	Desc		
7	STATE	MOD_ACCRL	12060	MHA53262	22656		10446				NONPC			($16998.78)	Payroll Adjustments to Cash		
10	STATE	MOD_ACCRL	11000	MHA54673	10010	43063	50110				NONPC	MHA_NONPROJECT		($8721.00)	Total reimb. to salaries		
11	STATE	MOD_ACCRL	34005	MHA54673	40001	43063	44338				NONPC	MHA_NONPROJECT		($8277.78)	Total Fringe Recovery		
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022244		$0.00	22244-17		
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022245		$0.00	22245-16		
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000022246		$0.00	22246-18		
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022388		$0.00	22388-16		
4	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022468		$0.00	22468-16		
5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022665		$0.00	22665-16		
5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022468		$91.44	22468-17		
6	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022665		$592.00	22665-17		
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022245		$647.52	22245-17		
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022244		$911.52	22244-16		
4	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022388		$1145.84	22388-17		
9	STATE	MOD_ACCRL	34005	MHA54673	40001		10446				NONPC			$8277.78	Payroll Adjustments to Cash		
8	STATE	MOD_ACCRL	11000	MHA54673	10010		10446				NONPC			$8721.00	Payroll Adjustments to Cash		
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022246		$13610.46	22246-17		

b. Select the lines with zero in the base amount and delete them.



Spreadsheet Journal Import Header												**CRMHC**					
Journal	Date	Description										**OK TO PAY**	**Alice Minervino**	**DATE**	12.13.18		
mha19pc077	12/18/2018	co 826	Shelter Plus Care Admin Reimbursement for the month of November 2018														
Line #	Unit	Ledger	Fund	Dept ID	SID	Program	Account	Chartfield 1	Chartfield 2	Budget Ref	PC BU	Project	.	Base Amount	Desc		
7	STATE	MOD_ACCRL	12060	MHA53262	22656		10446				NONPC			($16998.78)	Payroll Adjustments to Cash		
10	STATE	MOD_ACCRL	11000	MHA54673	10010	43063	50110				NONPC	MHA_NONPROJECT		($8721.00)	Total reimb. to salaries		
11	STATE	MOD_ACCRL	34005	MHA54673	40001	43063	44338				NONPC	MHA_NONPROJECT		($8277.78)	Total Fringe Recovery		
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022244		$0.00	22244-17		
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022245		$0.00	22245-16		
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2018	NONPC	MHA000000022246		$0.00	22246-18		
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022388		$0.00	22388-16		
4	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022468		$0.00	22468-16		
5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022665		$0.00	22665-16		
5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022468		$91.44	22468-17		
6	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022665		$592.00	22665-17		
2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022245		$647.52	22245-17		
1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022244		$911.52	22244-16		
4	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022388		$1145.84	22388-17		
9	STATE	MOD_ACCRL	34005	MHA54673	40001		10446				NONPC			$8277.78	Payroll Adjustments to Cash		
8	STATE	MOD_ACCRL	11000	MHA54673	10010		10446				NONPC			$8721.00	Payroll Adjustments to Cash		
3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022246		$13610.46	22246-17		

c. resort by line #



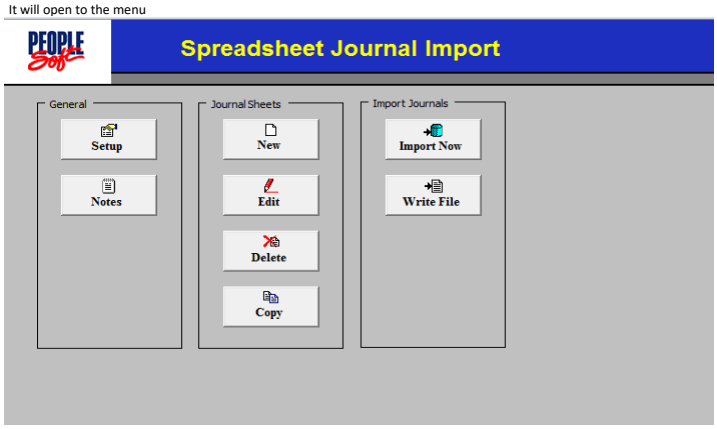
1	Spreadsheet Journal Import Header												CRMHC			
2	Journal		Date	Description									OK TO PAY	Alice Minervino	DATE	12.13.18
3	mha19pc077		12/18/2018	co 826	Shelter Plus Care Admin Reimbursement for the month of November 2018											
5	Line #	Unit	Ledger	Fund	Dept ID	SID	Program	Account	Chartfield 1	Chartfield 2	Budget Ref	PC BU	Project		Base Amount	Desc
6	1	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2016	NONPC	MHA000000022244		$911.52	22244-16
7	2	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022245		$647.52	22245-17
8	3	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022246		$13610.46	22246-17
9	4	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022388		$1145.84	22388-17
10	5	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022468		$91.44	22468-17
11	6	STATE	MOD_ACCRL	12060	MHA53262	22656	43063	52720	165499		2017	NONPC	MHA000000022665		$592.00	22665-17
12	7	STATE	MOD_ACCRL	12060	MHA53262	22656		10446				NONPC			($16998.78)	Payroll Adjustments to Ca
13	8	STATE	MOD_ACCRL	11000	MHA54673	10010		10446				NONPC			$8721.00	Payroll Adjustments to Ca
14	9	STATE	MOD_ACCRL	34005	MHA54673	40001		10446				NONPC			$8277.78	Payroll Adjustments to Ca
15	10	STATE	MOD_ACCRL	11000	MHA54673	10010	43063	50110				NONPC	MHA_NONPROJECT		($8721.00)	Total reimb. to salaries
16	11	STATE	MOD_ACCRL	34005	MHA54673	40001	43063	44338				NONPC	MHA_NONPROJECT		($8277.78)	Total Fringe Recovery
17																

d. * check line numbers to make sure they are all ascending

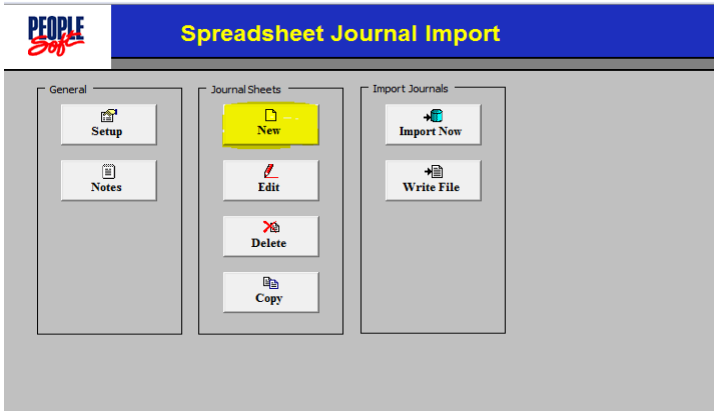
16. Open Spreadsheet Journal upload tool.

a. Open JRNL1.xlsm (journal upload tool) in the same window as the CO826 file
T:\BUDGET\CoreCT Spreadsheet Journals
** enable editing and enable contents if needed.

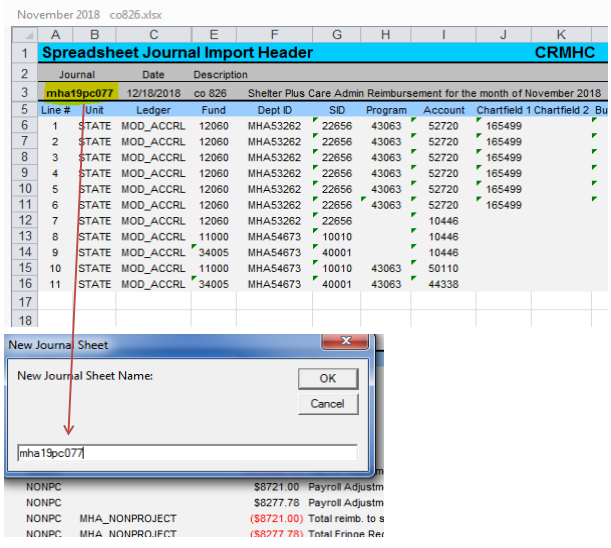
b. It will open to the menu



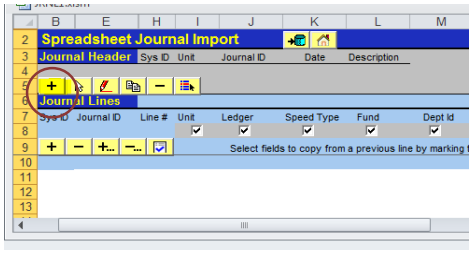
c. select new



d. Enter in the journal from November 2018 co826 spreadsheet

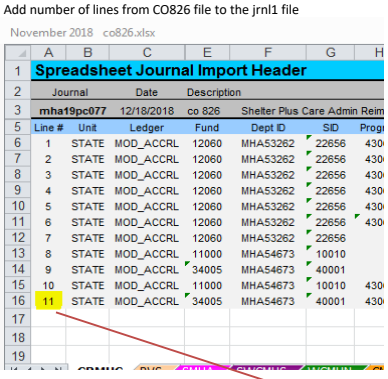


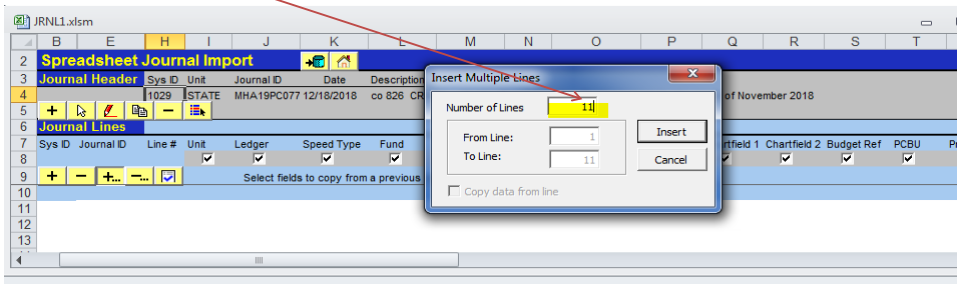
e. add a journal header



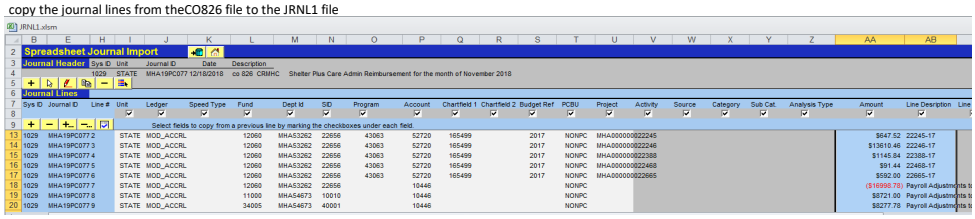
* enter Journal ID = number that was signed out
Description =
Source = PC
ledger = mod_accrul
USER ID = your core ID number
and click ok

f. Add number of lines from CO826 file to the jrnl1 file

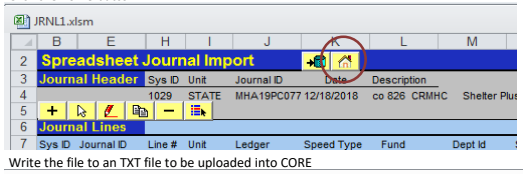




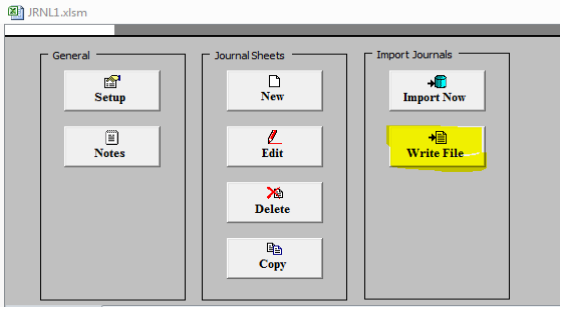
g. copy the journal lines from theCO826 file to the JRNL1 file



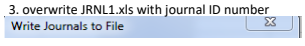
h. Click the home button

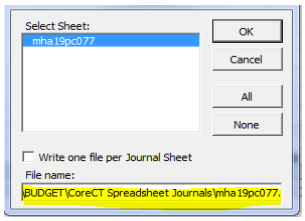


i. Write the file to an TXT file to be uploaded into CORE



1. select the file to write
2. enter file path T:\BUDGET\CoreCT Spreadsheet Journals
3. overwrite JRNL1.xls with journal ID number



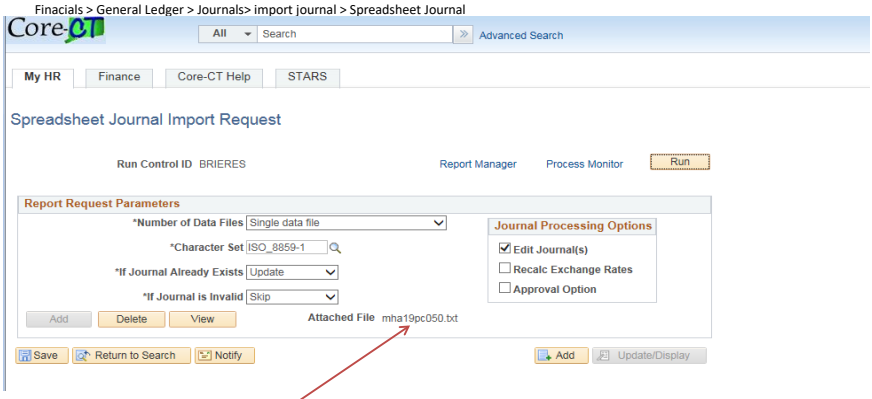


4. click ok

17. Upload into CORE CT

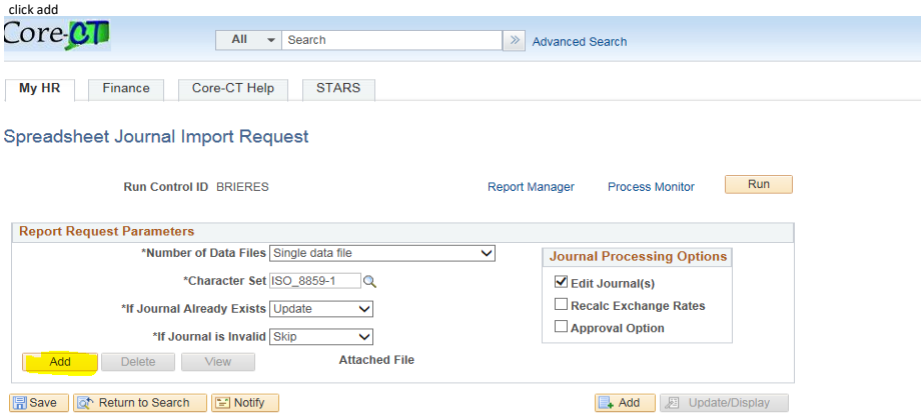
a. open core ct

Finacials > General Ledger > Journals> import journal > Spreadsheet Journal



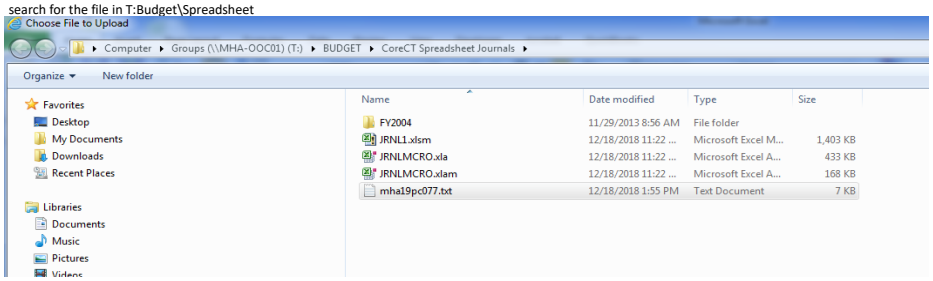
* if there is a file attached, delete it.

b. click add



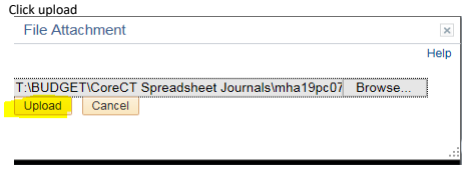
c. click browse to search for the file

search for the file in T:Budget\Spreadsheet

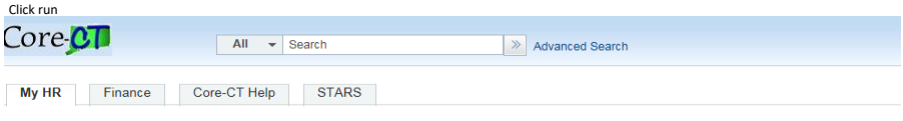


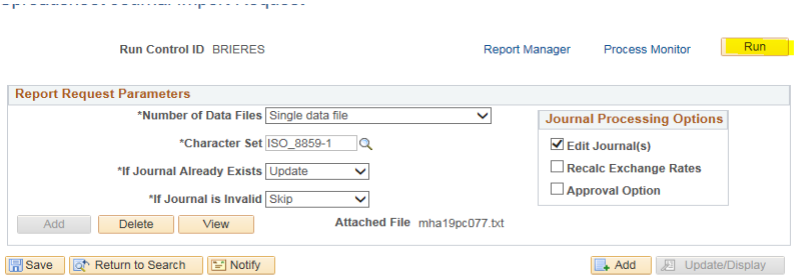
* select the Journal ID you want to upload and click open

d. Click upload

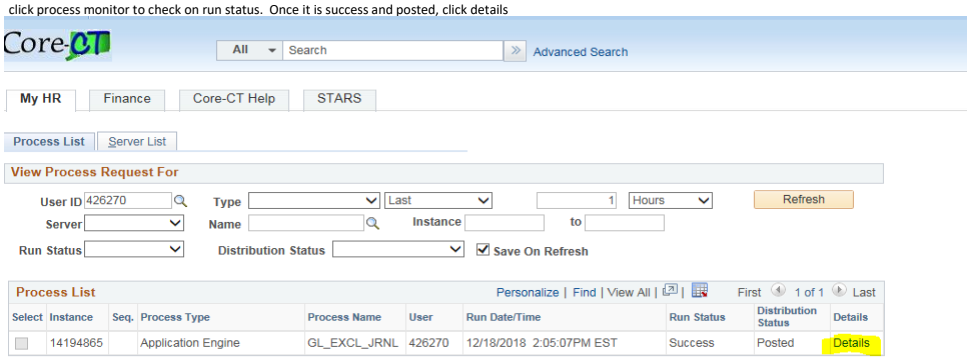


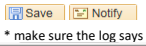
e. Click run





f. click process monitor to check on run status. Once it is success and posted, click details





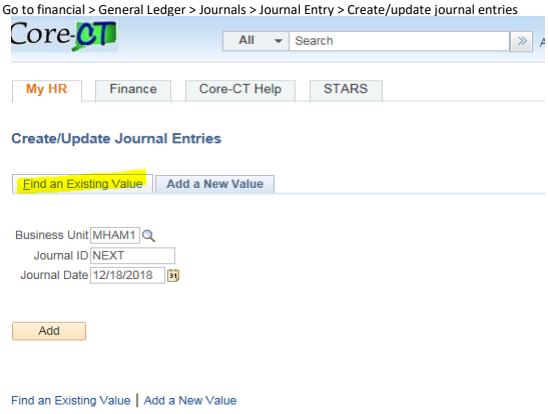
* make sure the log says it uploaded a file successfully.

```
Spreadsheet Journal Import (GL_EXCL_JRNL)

2018-12-18   14.05.18.000000
---------------------------------------
Processing file mha19pc077.txt ...
Process completed successfully with 1 journals imported.
Imported these journals: System ID (Unit, Journal ID, Date) Reference, Description
  1029 (STATE, MHA19PC077, 2018-12-18) , co 826  CRMHC      Shelter Plus Care Admin Re
Updated these journals: System ID (Unit, Journal ID, Date) Reference, Description
```

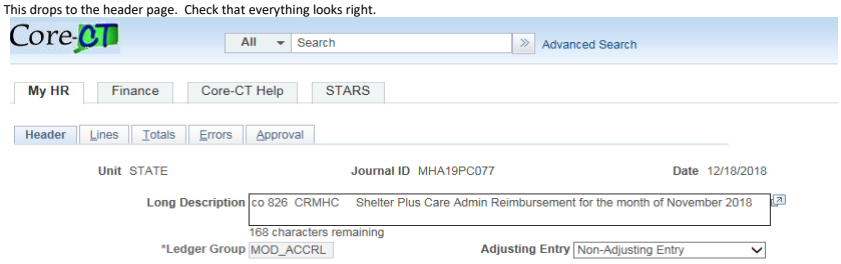
18. Edit Journal to process in core.

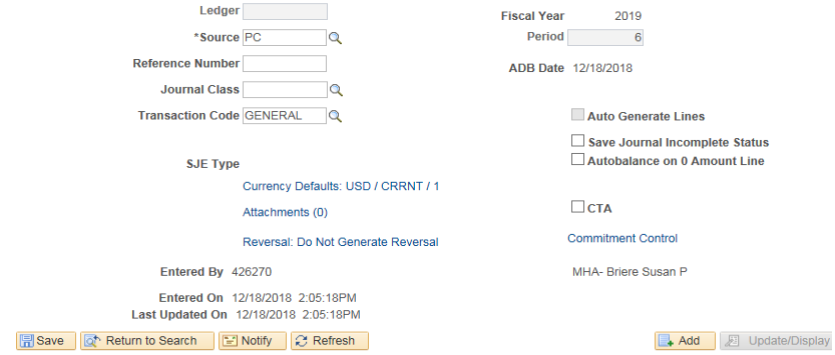
a. Go to financial > General Ledger > Journals > Journal Entry > Create/update journal entries



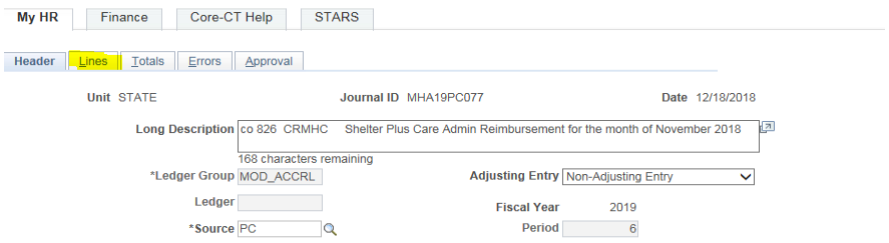
b. find an existing value tab
Business unit = State
Journal Header status = blank
Journal ID = journal number you uploaded
Source = blank
click enter

c. This drops to the header page. Check that everything looks right.

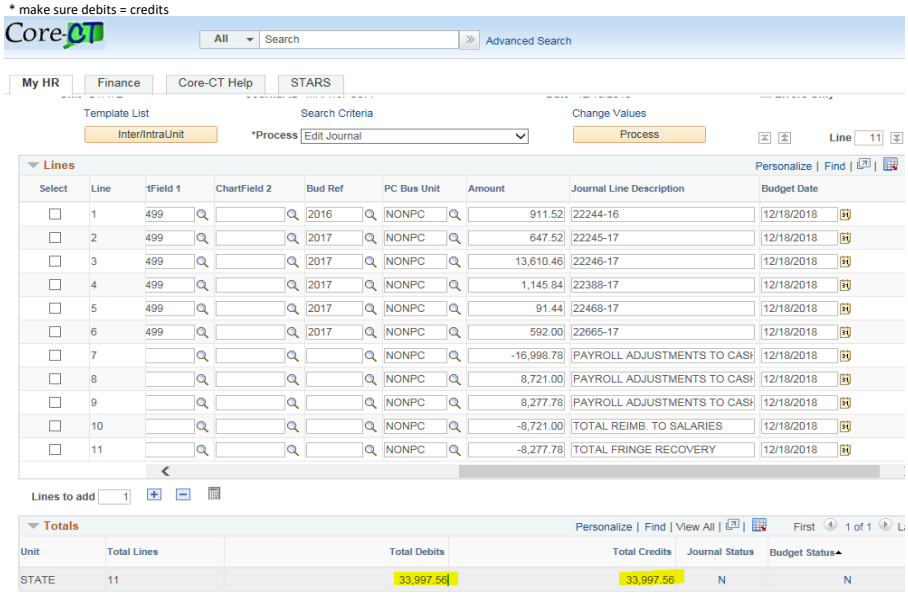




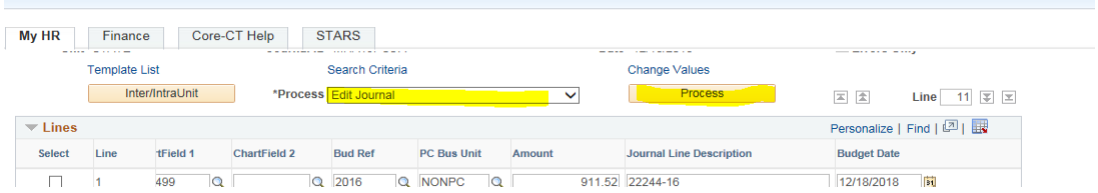
d. Click on the lines tab



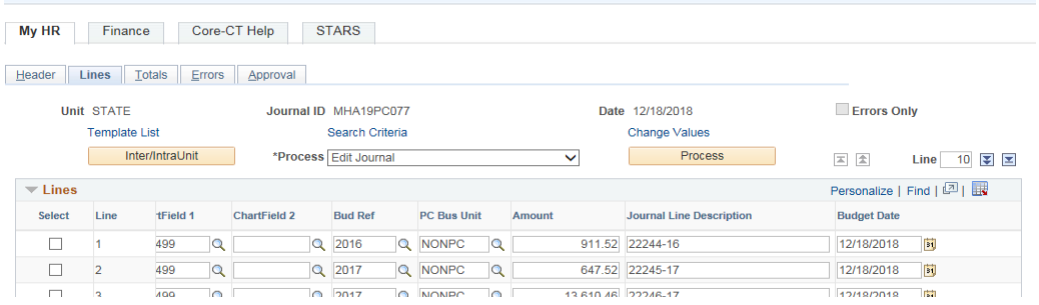
e. review the data to make sure it is all correct
* make sure debits = credits



f. select edit journal and click process



g. Look for the Journal status and budget status to be valid



☐	3	499		2017	NONPC	13,610.46	22246-17	12/18/2018	
☐	4	499		2017	NONPC	1,145.84	22388-17	12/18/2018	
☐	5	499		2017	NONPC	91.44	22468-17	12/18/2018	
☐	6	499		2017	NONPC	592.00	22665-17	12/18/2018	
☐	7				NONPC	-16,998.78	PAYROLL ADJUSTMENTS TO CASH	12/18/2018	
☐	8				NONPC	8,721.00	PAYROLL ADJUSTMENTS TO CASH	12/18/2018	
☐	9				NONPC	8,277.78	PAYROLL ADJUSTMENTS TO CASH	12/18/2018	
☐	10				NONPC	-8,721.00	TOTAL REIMB. TO SALARIES	12/18/2018	

Lines to add 1

Totals Personalize | Find | View All | First 1 of 1 Last

Unit	Total Lines	Total Debits	Total Credits	Journal Status	Budget Status
STATE	11	33,997.56	33,997.56	V	V

*Complotrollers will post the journal to the General Ledger

19. email the CO 826 to OSC.co-826@ct.gov

November 2018 co826.xlsx

OFFICE OF THE STATE COMPTROLLER
55 ELM STREET
HARTFORD, CT 06106-1775
www.osc.state.ct.us

DOCUMENT NUMBER: **CRMHC-November 2018**

INSTRUCTIONS

USE THIS FORM for reporting employee fringe benefits and department indirect costs for all Federal and other funds, include adjustments affecting prior reports. REQUEST FOR VARIANCES must be made in writing to the State Comptroller, Budget & Financial Analysis Division.

METHOD OF REMITTANCE/FORWARDING

Check method of Remittance used

[ ] TRANSFER OF FUNDS

[X] EXPENDITURE ADJUSTMENT

Forward as follows:
Budget & Financial Analysis Division
Office of the State Comptroller
55 Elm Street
Hartford, CT 06106

SOURCES FOR REQUIRED DATA

DATA	SOURCE
FRINGE BENEFIT COST BASE	Expenditures
INDIRECT COST BASE	Expenditures in
FRINGE BENEFIT COST RATE	Comptroller's Statewide Cost Allocation Plan
INDIRECT COST RATE	Grant Award, Contract, or Business Unit Approved Indirect Cost Proposal Plan
WORKER'S COMPENSATION COST RECOVERY RATE	Annual Comptroller's Memorandum

BUSINESS UNIT NAME & ADDRESS: **Mental Health and Addiction Services**
410 Capitol Ave. , MS #14FIS
Hartford CT 06106

PERIOD COVERED (DATES) FROM: 6/21/2018 TO: 8/16/2018

BUSINESS UNIT REPORT NO.: **Journal ID# mha19pc077**

PREPARED BY: **Susan Briere**

TELEPHONE NO.: 418-6984

TITLE: **Associate Accountant**

DATE OF THIS REPORT: 12/18/2018

Fringe Benefit Distribution for the Shelter Plus Care Administration Reimbursement

CHARTFIELDS											FRINGE BENEFIT INDIRECT COST BASE	APPROVED PERCENT FOR RECOVERY	REIMBURSABLE COSTS ALLOWED
GL UNIT	BUDGET DATE	FUND	DEPARTMENT	SID	PROG	ACCOUNT	PROJECT/GRANT	CHART-FIELD 1	CHART-FIELD 2	BUDGET REF			
STATE	**Deposit:**	34005	MHA54673	40001	43063	44338	mha_nonproject				$ (8,721.00)		$ (8,277.78)
STATE													
STATE													
STATE													
STATE		FB AMOUNTS FOR DISTRIBUTION:											
STATE						50410						N/A	$9.60
STATE						50420						N/A	$2,011.08
STATE						50430						N/A	$20.06
STATE						50441						N/A	$510.19
STATE						50442						N/A	$119.63
STATE						50471						N/A	$5,607.22
STATE													
STATE													
STATE													
STATE												TOTALS	$0.00

For FYI purposes only. These distributions will not be posted to DMHAS' ledger

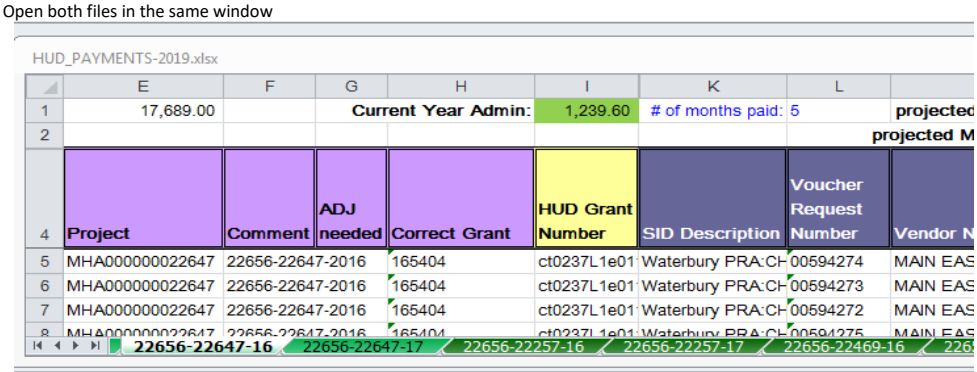
DEPARTMENT CERTIFICATION: I certify that the expenditures incurred against the appropriation indicated above are properly stated.

AUTHORIZED SIGNATURE: *Susan Briere* DATE SIGNED:

J. Process corrections (Journal Vouchers) in CORE

1. Open HUD_PAYMENTS and HUD Reconciliation

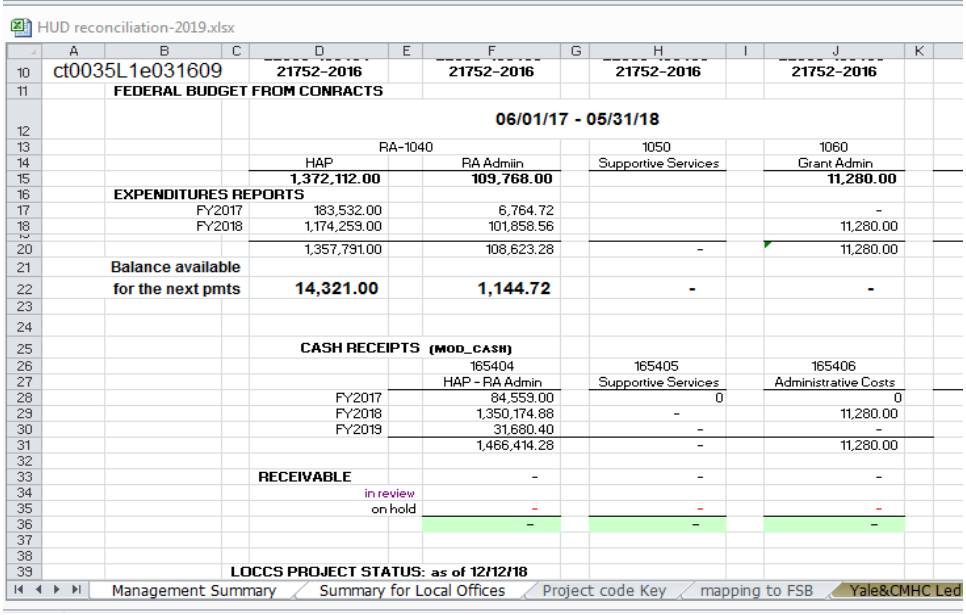
a. Open both files in the same window



HUD_PAYMENTS-2019.xlsx

	E	F	G	H	I	K	L	
1	17,689.00			Current Year Admin:	1,239.60	# of months paid: 5		projected
2								projected M
4	Project	Comment	ADJ needed	Correct Grant	HUD Grant Number	SID Description	Voucher Request Number	Vendor N
5	MHA000000022647	22656-22647-2016		165404	ct0237L1e01	Waterbury PRA:CH	00594274	MAIN EAS
6	MHA000000022647	22656-22647-2016		165404	ct0237L1e01	Waterbury PRA:CH	00594273	MAIN EAS
7	MHA000000022647	22656-22647-2016		165404	ct0237L1e01	Waterbury PRA:CH	00594272	MAIN EAS
8	MHA000000022647	22656-22647-2016		165404	ct0237L1e01	Waterbury PRA:CH	00594275	MAIN EAS

22656-22647-16 | 22656-22647-17 | 22656-22257-16 | 22656-22257-17 | 22656-22469-16 | 226

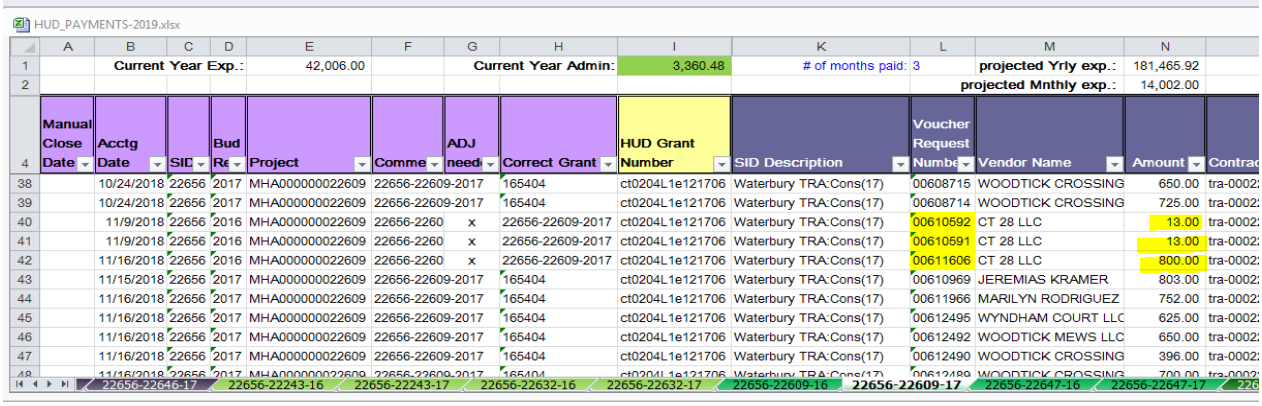


HUD reconciliation-2019.xlsx

	A	B	C	D	E	F	G	H	I	J	K
10	ct0035L1e031609			21752-2016		21752-2016		21752-2016		21752-2016	
11	FEDERAL BUDGET FROM CONRACTS										
12				06/01/17 - 05/31/18							
13				RA-1040				1050		1060	
14				HAP		RA Admiin		Supportive Services		Grant Admin	
15				1,372,112.00		109,768.00				11,280.00	
16	EXPENDITURES REPORTS										
17			FY2017	183,532.00		6,764.72				-	
18			FY2018	1,174,259.00		101,858.56				11,280.00	
20				1,357,791.00		108,623.28		-		11,280.00	
21	Balance available										
22	for the next pmts			14,321.00		1,144.72		-		-	
23											
24											
25				CASH RECEIPTS (MOD_CASH)							
26						165404		165405		165406	
27						HAP - RA Admin		Supportive Services		Administrative Costs	
28			FY2017			84,559.00		0		0	
29			FY2018			1,350,174.88		-		11,280.00	
30			FY2019			31,680.40		-		-	
31						1,466,414.28		-		11,280.00	
32											
33				RECEIVABLE		-		-		-	
34					in review						
35					on hold	-		-		-	
36						-		-		-	
37											
38											
39				LOCCS PROJECT STATUS: as of 12/12/18							

Management Summary | Summary for Local Offices | Project code Key | mapping to FSB | Yale&CMHC Led

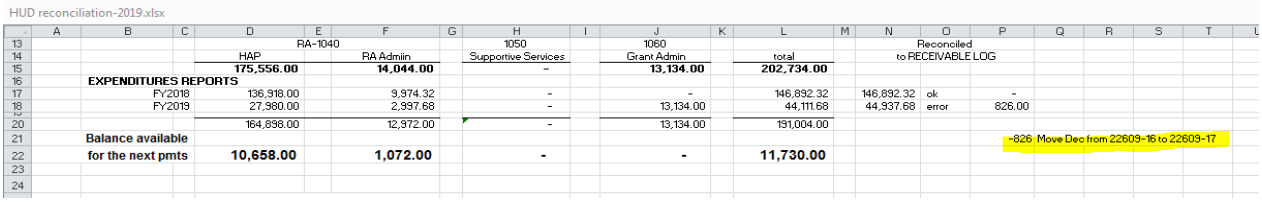
b. Move to the first tab that has a pending adjustment.



HUD_PAYMENTS-2019.xlsx

	A	B	C	D	E	F	G	H	I	K	L	M	N
1		Current Year Exp.:			42,006.00			Current Year Admin:	3,360.48	# of months paid: 3		projected Yrly exp.:	181,465.92
2												projected Mnthly exp.:	14,002.00
4	Manual Close Date	Acctg Date	SID	Bud Re	Project	Comme	ADJ need	Correct Grant	HUD Grant Number	SID Description	Voucher Request Numbe	Vendor Name	Amount	Contrac
38		10/24/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00608715	WOODTICK CROSSING	650.00	tra-0002
39		10/24/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00608714	WOODTICK CROSSING	725.00	tra-0002
40		11/9/2018	22656	2016	MHA000000022609	22656-2260	x	22656-22609-2017	ct0204L1e121706	Waterbury TRA:Cons(17)	00610592	CT 28 LLC	13.00	tra-0002
41		11/9/2018	22656	2016	MHA000000022609	22656-2260	x	22656-22609-2017	ct0204L1e121706	Waterbury TRA:Cons(17)	00610591	CT 28 LLC	13.00	tra-0002
42		11/16/2018	22656	2016	MHA000000022609	22656-2260	x	22656-22609-2017	ct0204L1e121706	Waterbury TRA:Cons(17)	00611606	CT 28 LLC	800.00	tra-0002
43		11/15/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00610969	JEREMIAS KRAMER	803.00	tra-0002
44		11/16/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00611966	MARILYN RODRIGUEZ	752.00	tra-0002
45		11/16/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00612495	WYNDHAM COURT LLC	625.00	tra-0002
46		11/16/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00612492	WOODTICK MEWS LLC	650.00	tra-0002
47		11/16/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00612490	WOODTICK CROSSING	396.00	tra-0002
48		11/16/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00612489	WOODTICK CROSSING	700.00	tra-0002

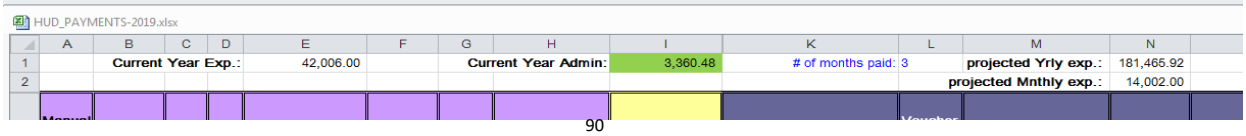
22656-22646-17 | 22656-22243-16 | 22656-22243-17 | 22656-22632-16 | 22656-22632-17 | 22656-22609-16 | 22656-22609-17 | 22656-22647-16 | 22656-22647-17 | 226



HUD reconciliation-2019.xlsx

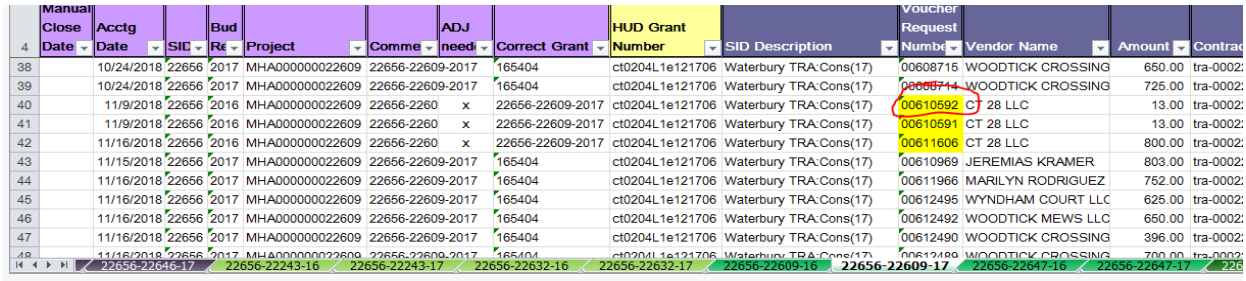
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
13				RA-1040				1050		1060					Reconciled					
14				HAP		RA Admiin		Supportive Services		Grant Admin		total			to RECEIVABLE LOG					
15				175,556.00		14,044.00		-		13,134.00		202,734.00								
16	EXPENDITURES REPORTS																			
17			FY2018	136,918.00		9,974.32		-		-		146,892.32	146,892.32	ok	-					
18			FY2019	27,980.00		2,997.68		-		13,134.00		44,111.68	44,937.68	error	826.00					
20				164,898.00		12,972.00		-		13,134.00		191,004.00								
21	Balance available															-826 Move Dec from 22609-16 to 22609-17				
22	for the next pmts			10,658.00		1,072.00		-		-		11,730.00								
23																				
24																				

c. Click on the voucher request number highlighted in yellow



HUD_PAYMENTS-2019.xlsx

	A	B	C	D	E	F	G	H	I	K	L	M	N
1		Current Year Exp.:			42,006.00			Current Year Admin:	3,360.48	# of months paid: 3		projected Yrly exp.:	181,465.92
2												projected Mnthly exp.:	14,002.00



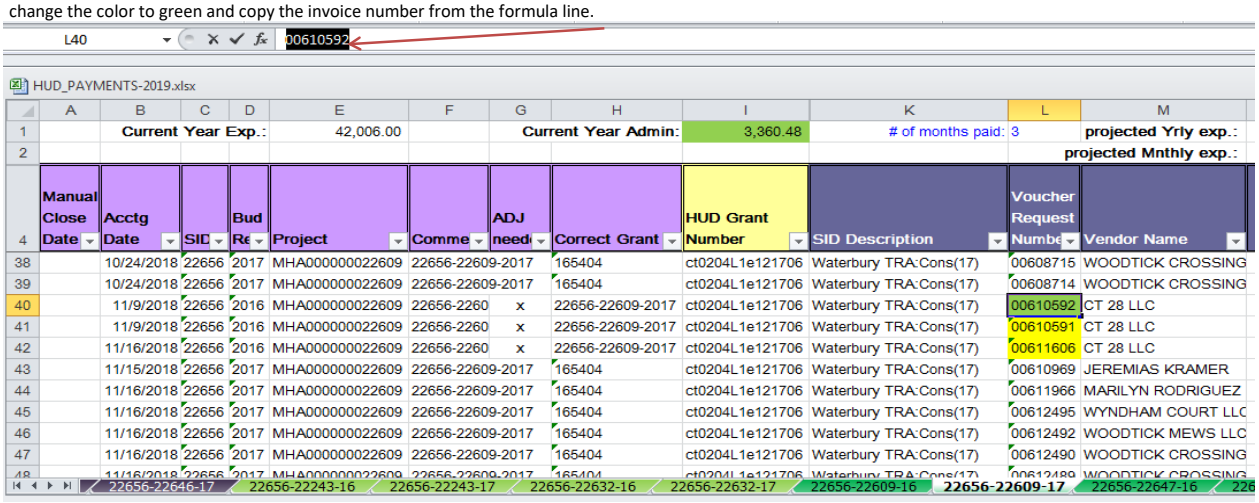
4	Manual Close Date	Acctg Date	SID	Bud Re	Project	Comme	ADJ need	Correct Grant	HUD Grant Number	SID Description	Voucher Request Numbe	Vendor Name	Amount	Contrac
38		10/24/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00608715	WOODTICK CROSSING	650.00	tra-0002
39		10/24/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00608714	WOODTICK CROSSING	725.00	tra-0002
40		11/9/2018	22656	2016	MHA000000022609	22656-2260	x	22656-22609-2017	ct0204L1e121706	Waterbury TRA:Cons(17)	00610592	CT 28 LLC	13.00	tra-0002
41		11/9/2018	22656	2016	MHA000000022609	22656-2260	x	22656-22609-2017	ct0204L1e121706	Waterbury TRA:Cons(17)	00610591	CT 28 LLC	13.00	tra-0002
42		11/16/2018	22656	2016	MHA000000022609	22656-2260	x	22656-22609-2017	ct0204L1e121706	Waterbury TRA:Cons(17)	00611606	CT 28 LLC	800.00	tra-0002
43		11/15/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00610969	JEREMIAS KRAMER	803.00	tra-0002
44		11/16/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00611966	MARILYN RODRIGUEZ	752.00	tra-0002
45		11/16/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00612495	WYNDHAM COURT LLC	625.00	tra-0002
46		11/16/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00612492	WOODTICK MEWS LLC	650.00	tra-0002
47		11/16/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00612490	WOODTICK CROSSING	396.00	tra-0002

22656-22646-17 | 22656-22243-16 | 22656-22243-17 | 22656-22632-16 | 22656-22632-17 | 22656-22609-16 | 22656-22609-17 | 22656-22647-16 | 22656-22647-17

HUD reconciliation-2019.xlsx

		RA-1040		1050	1060		Reconciled		
		HAP	RA Admin	Supportive Services	Grant Admin	total	to RECEIVABLE LOG		
		175,556.00	14,044.00	-	13,134.00	202,734.00			
	EXPENDITURES REPORTS								
	FY2018	136,318.00	9,374.32	-	-	146,892.32	146,892.32	ok	-
	FY2019	27,980.00	2,997.68	-	13,134.00	44,111.68	44,937.68	error	826.00
		164,898.00	12,972.00	-	13,134.00	191,004.00			
	Balance available								-826 Move Dec from 22609-16 to 22609-17
	for the next pmts	10,658.00	1,072.00	-	-	11,730.00			

d. change the color to green and copy the invoice number from the formula line.



L40 00610592

HUD_PAYMENTS-2019.xlsx

1		Current Year Exp.:		42,006.00			Current Year Admin:	3,360.48	# of months paid:	3	projected Yrly exp.:		
2											projected Mnthly exp.:		
4	Manual Close Date	Acctg Date	SID	Bud Re	Project	Comme	ADJ need	Correct Grant	HUD Grant Number	SID Description	Voucher Request Numbe	Vendor Name	
38		10/24/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00608715	WOODTICK CROSSING	
39		10/24/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00608714	WOODTICK CROSSING	
40		11/9/2018	22656	2016	MHA000000022609	22656-2260	x	22656-22609-2017	ct0204L1e121706	Waterbury TRA:Cons(17)	00610592	CT 28 LLC	
41		11/9/2018	22656	2016	MHA000000022609	22656-2260	x	22656-22609-2017	ct0204L1e121706	Waterbury TRA:Cons(17)	00610591	CT 28 LLC	
42		11/16/2018	22656	2016	MHA000000022609	22656-2260	x	22656-22609-2017	ct0204L1e121706	Waterbury TRA:Cons(17)	00611606	CT 28 LLC	
43		11/15/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00610969	JEREMIAS KRAMER	
44		11/16/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00611966	MARILYN RODRIGUEZ	
45		11/16/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00612495	WYNDHAM COURT LLC	
46		11/16/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00612492	WOODTICK MEWS LLC	
47		11/16/2018	22656	2017	MHA000000022609	22656-22609-2017		165404	ct0204L1e121706	Waterbury TRA:Cons(17)	00612490	WOODTICK CROSSING	

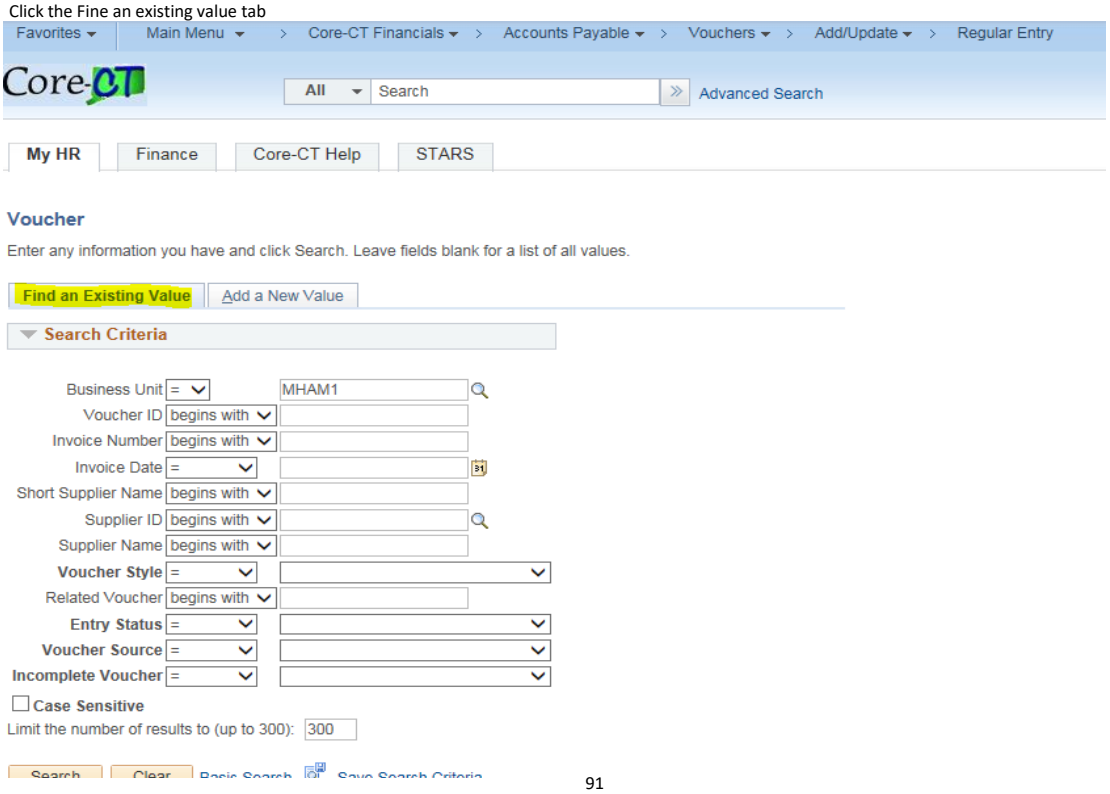
22656-22646-17 | 22656-22243-16 | 22656-22243-17 | 22656-22632-16 | 22656-22632-17 | 22656-22609-16 | 22656-22609-17 | 22656-22647-16 | 22656-22647-17

2 Open two windows in CORE CT and place them on opposite screens

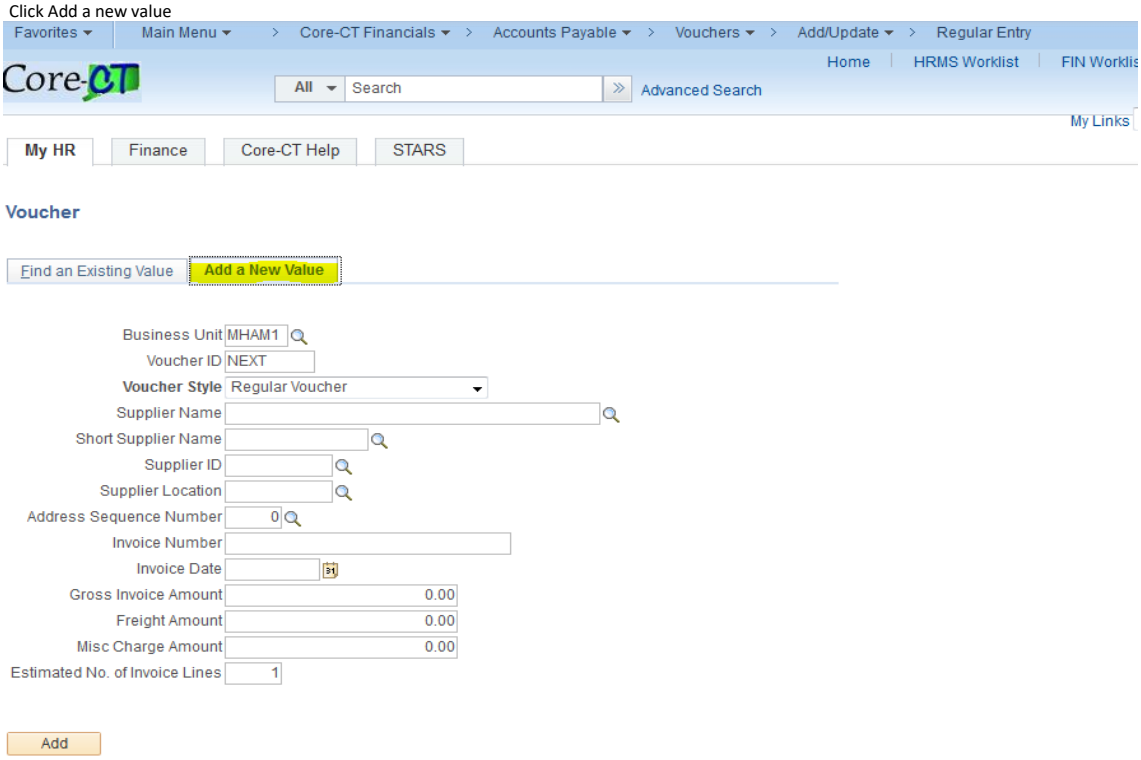
a. Open one in Internet explorer to the left (to be copied from)

Go to Core CT Financials > Accounts Payable > Vouchers > add/Update > regular entry

Click the Fine an existing value tab

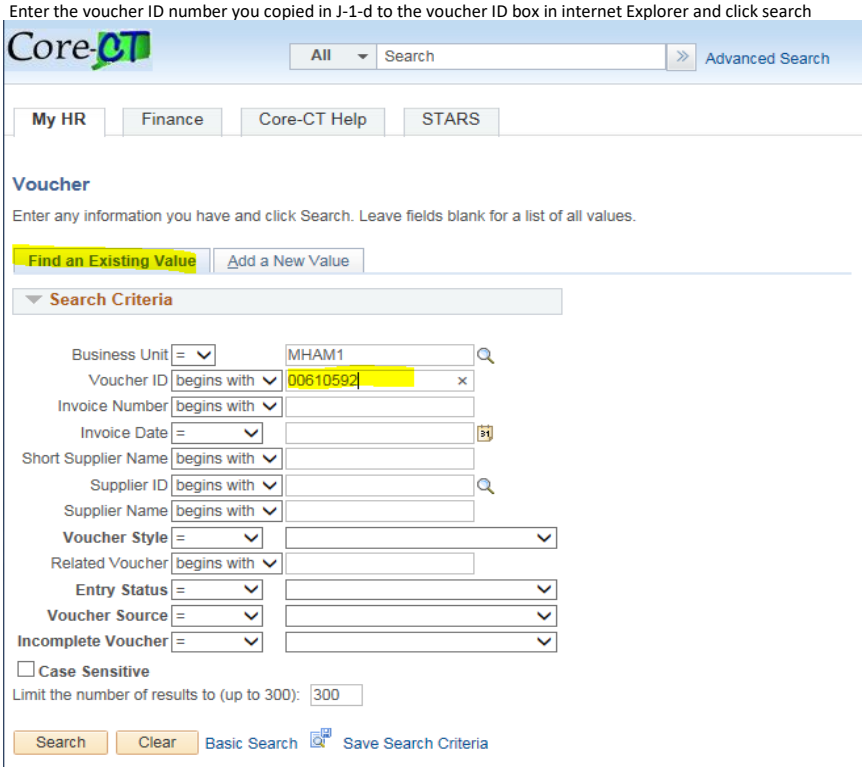


b. Open the second window in Firefox (to be copied to) so that Core won't link the two windows
Go to Core CT Financials > Accounts Payable > Vouchers > add/Update > regular entry
Click Add a new value

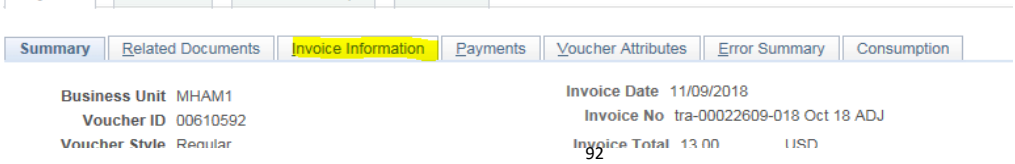


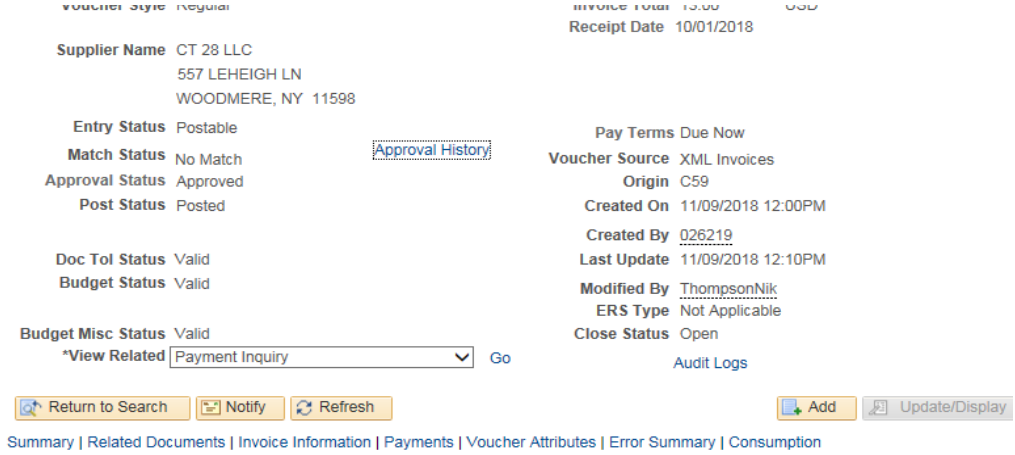
3 Create a journal voucher in CORE

a. Enter the voucher ID number you copied in J-1-d to the voucher ID box in internet Explorer and click search

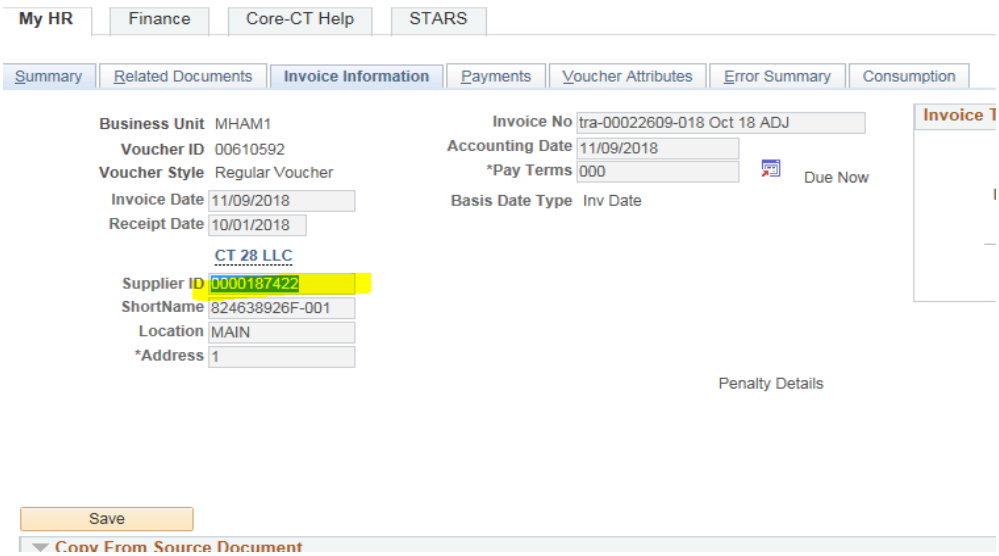


b. click on the invoice information tab

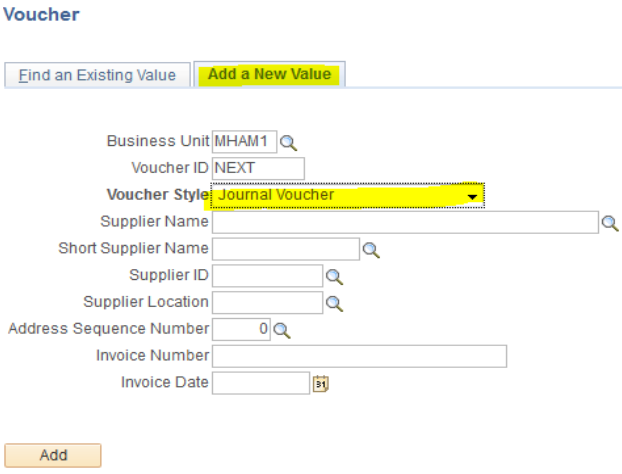




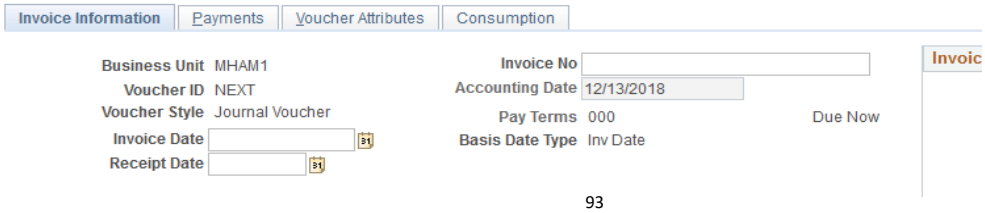
c. click on the Supplier iD

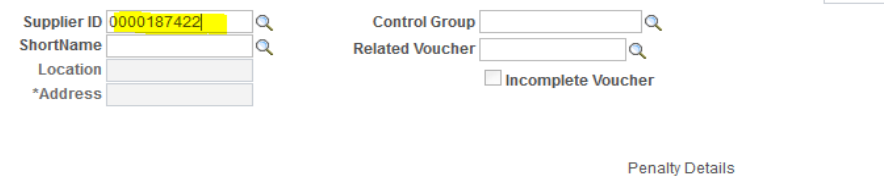


d. Go to the firefox window and change voucher style to Journal voucher. Click ADD

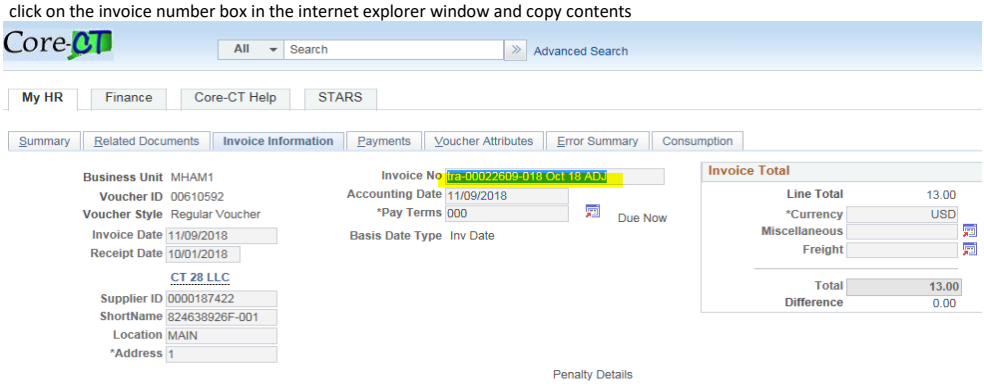


e. Paste supplier id from the internet explorer window into the supplier ID box in the firefox window. Click enter

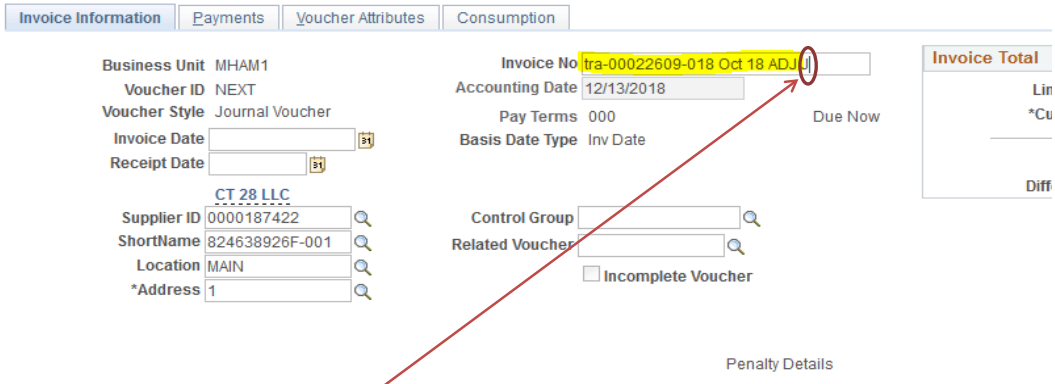




f. click on the invoice number box in the internet explorer window and copy contents



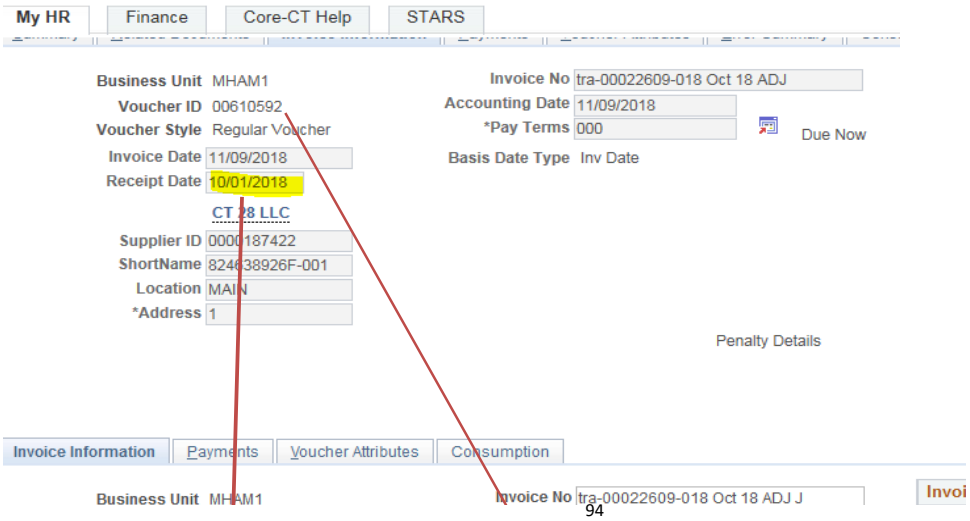
g. paste contents copied in Invoice number box on the firefox window.

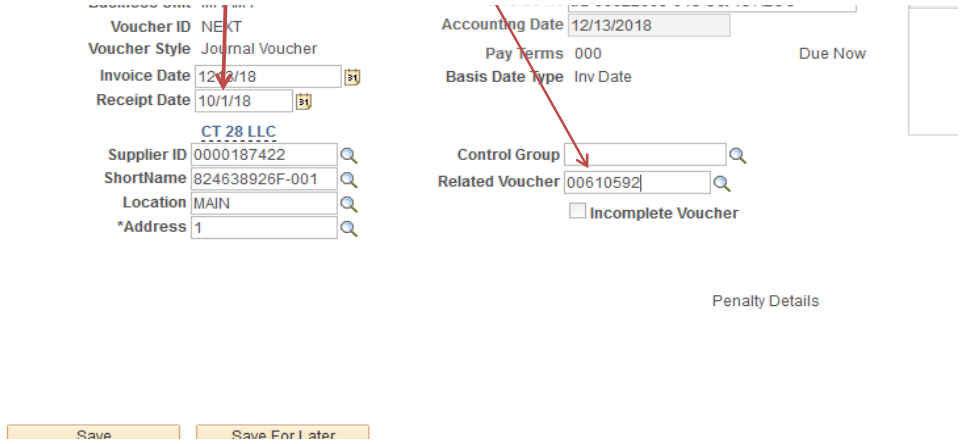


h. Add a J to the invoice no. This is to distinguish it from the original voucher. Otherwise it would give you a duplicate voucher error.

i. Enter today's date as the invoice date

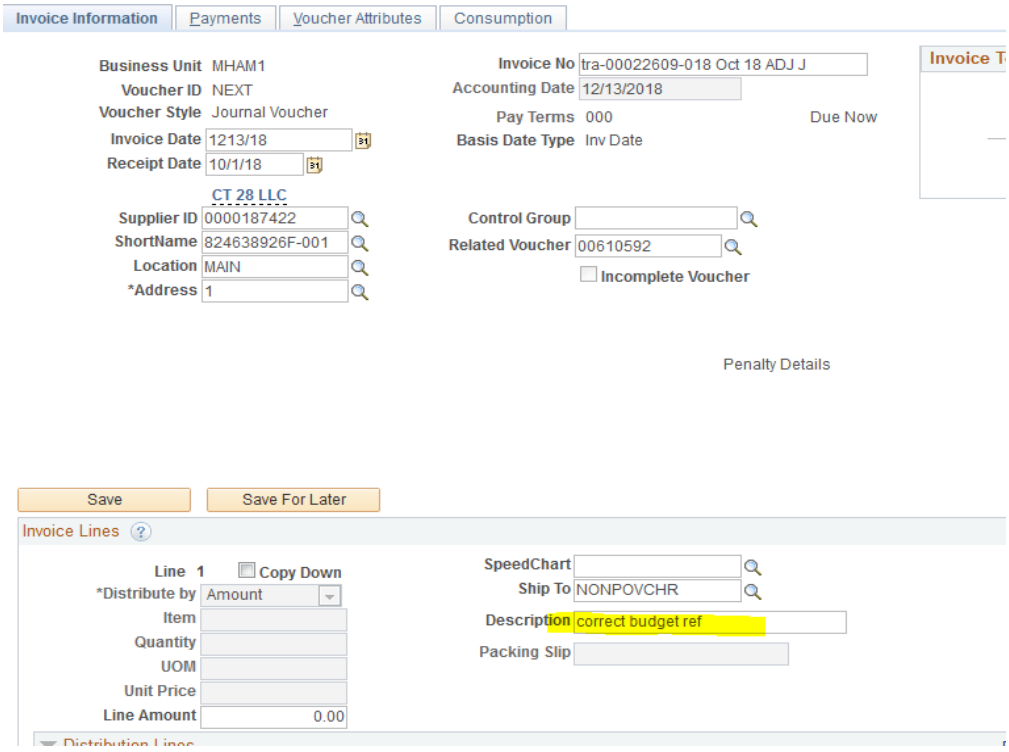
j. Enter receipt date from original invoice in the receipt date of the journal voucher



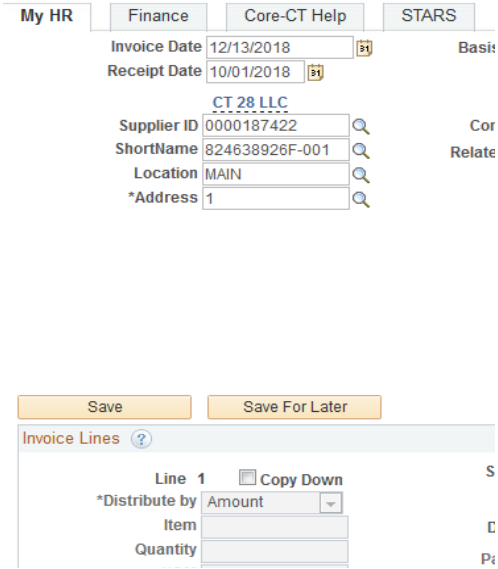


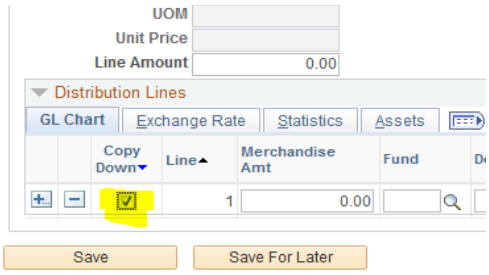
k. enter original voucher number in the related voucher box on journal voucher

l. Enter description of change in the description box on the journal voucher

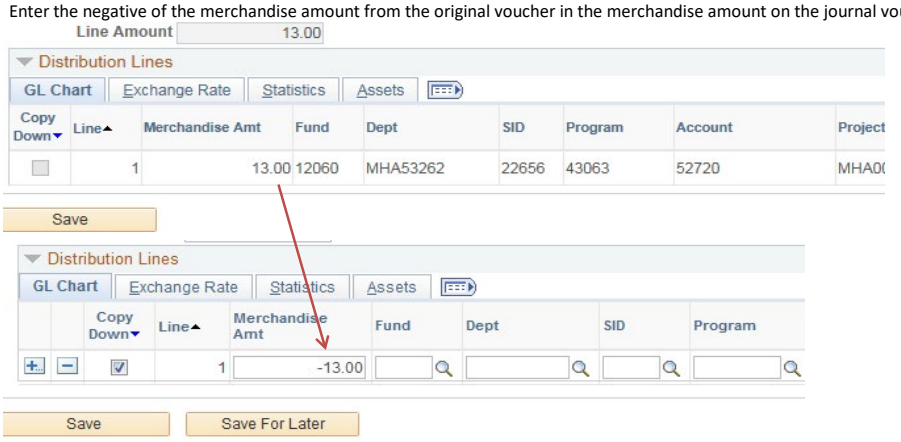


m. select copy down box on journal voucher



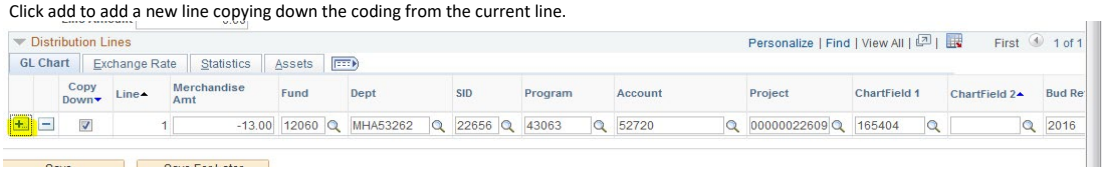


n. Enter the negative of the merchandise amount from the original voucher in the merchandise amount on the journal voucher.

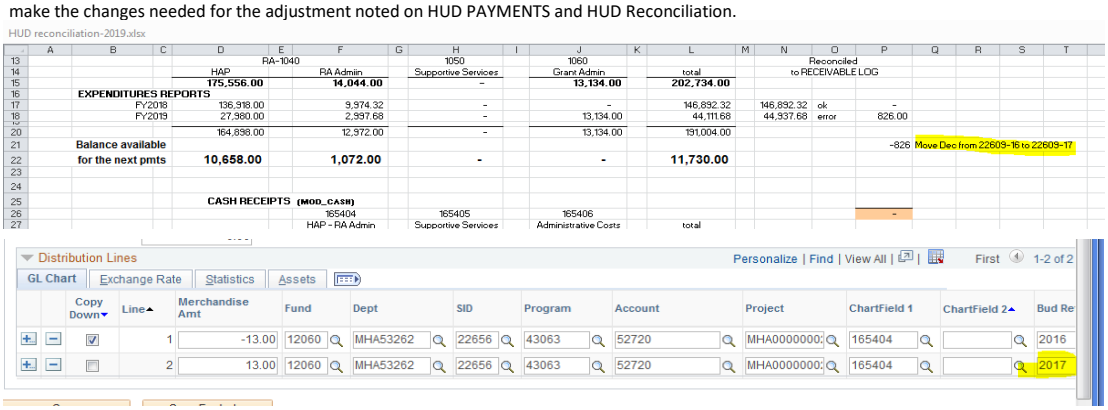


o. Enter in the account code string from the original voucher to the journal voucher.

p. Click add to add a new line copying down the coding from the current line.



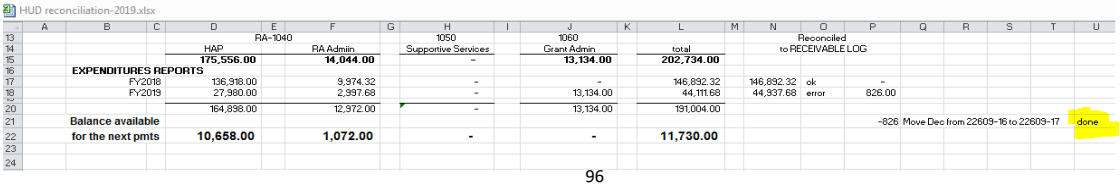
q. make the changes needed for the adjustment noted on HUD PAYMENTS and HUD Reconciliation.



r. Save journal voucher.

* It will automatically notify FSB to approve it.

4. IF a voucher affects a human service contract let Chris Bushey know you did a correction
   a. send an email to Chris noting the contract number, chartfield 2 and the change.
   b. this must match the transfer sheet
5. mark adjustment as done in the HUD Reconciliation page for that grant.



a. adjustments usually affects multiple tabs on the HUD Reconciliation spreadsheet. Mark both tabs as done

A. Send copy of final reconciliation to Lisa for APR

1. Lisa Callahan wil send an APR FINANCIALS spreadsheet asking for final draws in ELOCCS

CT0033L1E031609	**CT0033 Bridgeport Fairfield Apartments**	
Final Draw Complete as of 12/28/18?	YES/NO	
BUDGET	Amount Reflected in SAGE	Amount Reflected in ELLOCS
Support Services		
Long Term Rental Assistance	112,919.40	
Admin	10,848.00	
CT0154L1E051606	**CT0154 Greater Hartford Mercy Rental Assistance**	
Final Draw Complete as of 12/28/18?	YES/NO	
BUDGET	Amount Reflected in SAGE	Amount Reflected in ELLOCS
Support Services		
Long Term Rental Assistance	93,164.08	
Admin	6,985.00	
CT0052L1E051609	**CT0052 Middletown Liberty Commons**	
Final Draw Complete as of 12/28/18?	YES/NO	
BUDGET	Amount Reflected in SAGE	Amount Reflected in ELLOCS

2. Open the HUD Reconciliation spreadsheet

a. Go to the grant listed on the APR FINANCIAL Spreadsheet.

Mercy Hsg TRA:Htfd (16)

CoC									
ct0154L1e051606	22656-165404-22626-2016	22656-165499-22626-2016	22656-165405-22626-2016	22656-165406-22626-2016					
FEDERAL BUDGET FROM CONRACTS				FLAT GRANT					
10/01/17 - 09/30/18									
	RA-1040		1050	1060		Reconciled to RECEIVABLE LOG			
	HAP	RA Admiin	Supportive Services	Grant Admin	total				
	94,467.00	**7,557.00**	-	**6,985.00**	**109,009.00**				
EXPENDITURES REPORTS									
FY2018	68,642.00	4,450.24	-	5,239.00	78,331.24	78,331.24	ok	-	
FY2019	19,608.00	2,032.48	-	1,746.00	23,386.48	23,386.48	ok	-	
		(278.00)			(278.00)			278.00	
	88,250.00	6,204.72	-	6,985.00	101,439.72				
Balance available								(278.00)	move admin from 22626-16 to 22626-17 done
for the next pmts	**6,217.00**	**1,352.28**	**-**	**-**	**7,569.28**				
CASH RECEIPTS (MOD_CASH)								-	
	165404		165405	165406					
	HAP - RA Admin		Supportive Services	Administrative Costs	total				
FY2018	55,827.12		-	4,075.00	59,902.12	59,902.12	ok	-	
FY2019	37,336.96		-	2,910.00	40,246.96	40,246.96	ok	-	
					-			-	
	93,164.08		-	6,985.00	100,149.08				
RECEIVABLE	1,290.64		-	-				-	
in review	(1,290.64)								
on hold	-		-						
	-		-	-					
LOCCS PROJECT STATUS: as of 12/12/18									
	1040		1050	1060					
	Rental Assistance		Supportive Services	Administrative Costs					
Auth	**102,024.00**		-	**6,985.00**					
Prvsly drawn by LMHA	-		-	-	total				
	102,024.00		-	**6,985.00**	**109,009.00**				
requested to date	93,164.08			6,985.00					
in process					100,149.08				
balance	8,859.92		-	-	8,859.92				
				DRAWDOWN VARIANCE	-				

b. Verify that the grant is finished. That there is no receivable. If it is zero then circle YES on the APR Financial spreadsheet

CT0154L1E051606	**CT0154 Greater Hartford Mercy Rental Assistance**	
Final Draw Complete as of 12/28/18?	YES/NO	
BUDGET	Amount Reflected in SAGE	Amount Reflected in ELLOCS
Support Services		
Long Term Rental Assistance	93,164.08	
Admin	6,985.00	
CT0052L1E051609	**CT0052 Middletown Liberty Commons**	

c. If the grant is not finished, there will still be a receivable

Torrington TRA:Cons(16)

CoC									
ct0142L1e051608	22656-165404-22257-2016	22656-165499-22257-2016	22656-165405-22257-2016	22656-165406-22257-2016					
FEDERAL BUDGET FROM CONRACTS									
10/01/17 - 09/30/18									
	RA-1040		1050	1060		Reconciled to RECEIVABLE LOG			
	HAP	RA Admiin	Supportive Services	Grant Admin	total				
	137,045.00	**10,963.00**	-	**2,375.00**	**150,383.00**				
EXPENDITURES REPORTS									
FY2018	77,931.00	6,458.08	-	-	84,389.08	84,389.08	ok	-	
FY2019	39,490.27	2,794.36	-	2,375.00	44,659.63	44,659.63	ok	-	
	117,421.27	9,252.44	-	2,375.00	129,048.71				
Balance available									
for the next pmts	**19,623.73**	**1,710.56**	**-**	**-**	**21,334.29**				
CASH RECEIPTS (MOD_CASH)								-	
	165404		165405	165406					
	HAP - RA Admin		Supportive Services	Administrative Costs	total				
FY2018	65,233.72		-	-	65,233.72	65,233.72	ok	-	
FY2019	51,364.53		-	2,375.00	53,739.53	53,739.53	ok	-	
	116,598.25		-	2,375.00	118,973.25				
								-	
RECEIVABLE	10,075.46		-	-					
in review									
on hold	-		-	-					

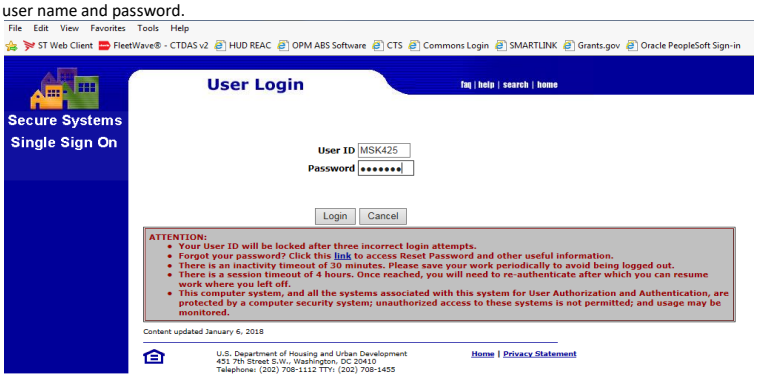
		10,075.46	-	-	
LOCCS PROJECT STATUS: as of 12/12/18					
		1040	1050	1060	
		Rental Assistance	Supportive Services	Administrative Costs	
	Auth	148,008.00	-	2,375.00	
	Prvsly drawn by LMHA	-	-	-	total
		148,008.00	-	2,375.00	150,383.00
	requested to date	116,598.25		2,375.00	
	in process				118,973.25
	balance	31,409.75	-	-	31,409.75
				DRAWDOWN VARIANCE	-

** circle No on the APR Financial spreadsheet.

CT0142L1E051608	CT0142 Torrington Mental Health CT Rental Assistance	
Final Draw Complete as of 12/28/18?	YES/NO	
BUDGET	Amount Reflected in SAGE	Amount Reflected in ELLOCS
Support Services		
Long Term Rental Assistance	116,598.25	
Admin	2,375.00	

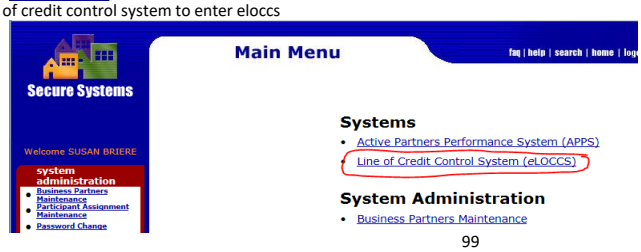
3. Open ELOCCS and look up Budget details for grant
   Log into HUD-LOCCS https://www.hud.gov/program_offices/public_indian_housing/reac/online
   a. Click existing users

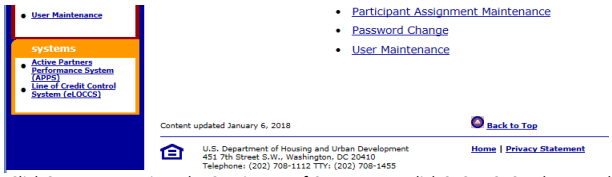
   b. and enter user name and password.



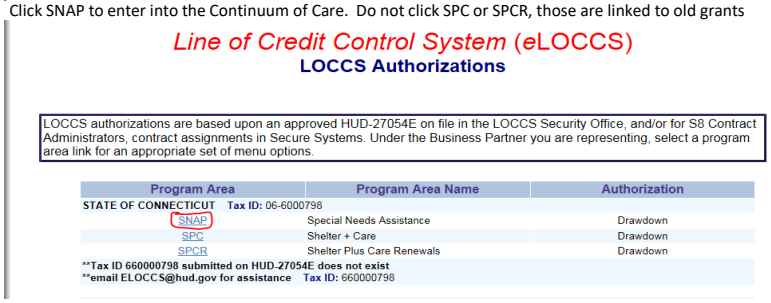
   c. click accept after you read message of the day.

   d. click Line of credit control system to enter eloccs

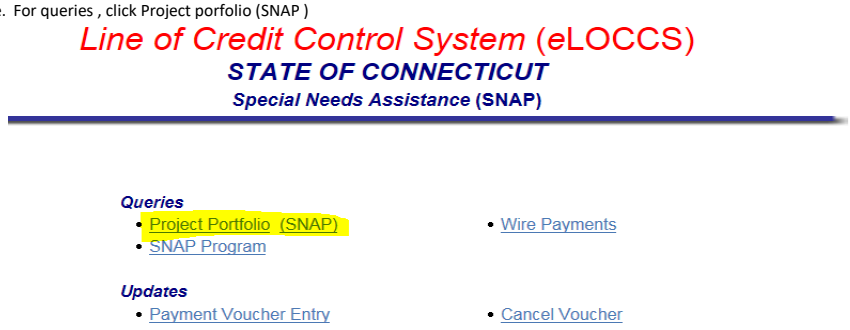




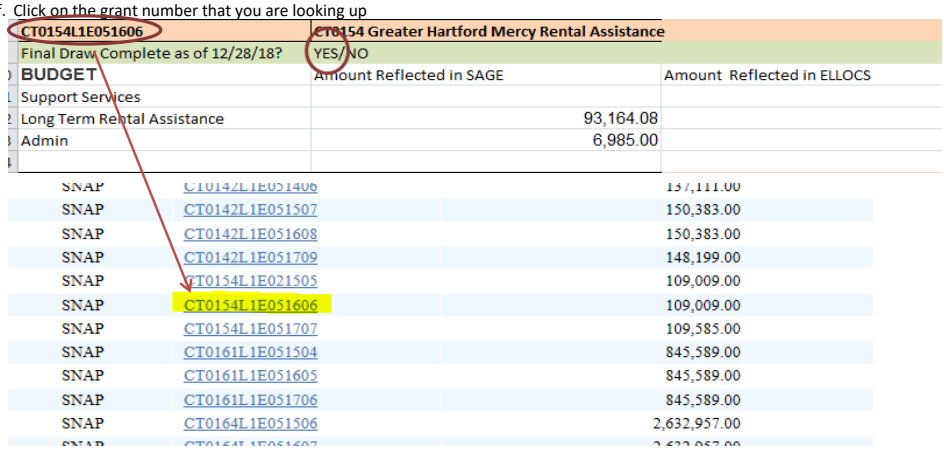
e. Click SNAP to enter into the Continuum of Care. Do not click SPC or SPCR, those are linked to old grants



e. For queries , click Project porfolio (SNAP)



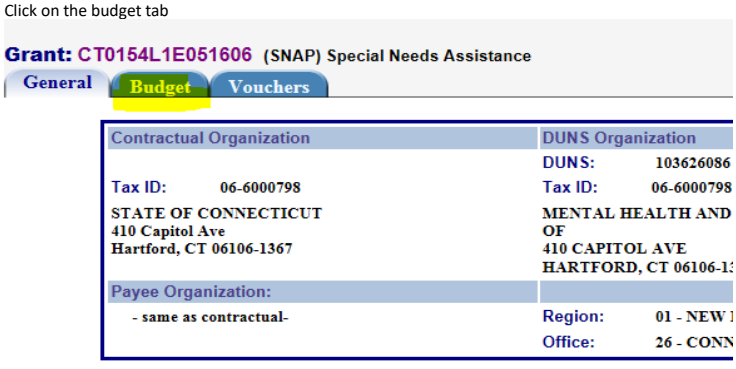
f. Click on the grant number that you are looking up



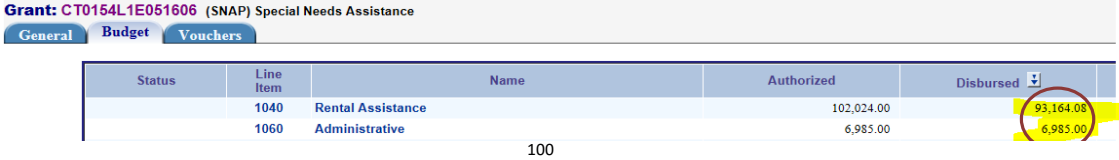
CT0154L1E051606	CT0154 Greater Hartford Mercy Rental Assistance	
Final Draw Complete as of 12/28/18?	YES/NO	
BUDGET	Amount Reflected in SAGE	Amount Reflected in ELLOCS
Support Services		
Long Term Rental Assistance	93,164.08	
Admin	6,985.00	

SNAP	CT0142L1E051406	137,111.00
SNAP	CT0142L1E051507	150,383.00
SNAP	CT0142L1E051608	150,383.00
SNAP	CT0142L1E051709	148,199.00
SNAP	CT0154L1E021505	109,009.00
SNAP	CT0154L1E051606	109,009.00
SNAP	CT0154L1E051707	109,585.00
SNAP	CT0161L1E051504	845,589.00
SNAP	CT0161L1E051605	845,589.00
SNAP	CT0161L1E051706	845,589.00
SNAP	CT0164L1E051506	2,632,957.00

g. Click on the budget tab



h. Enter the disbursed amounts from ELOCCS to the APR Financial spreadsheet



Status	Line Item	Name	Authorized	Disbursed
	1040	Rental Assistance	102,024.00	93,164.08
	1060	Administrative	6,985.00	6,985.00

	Totals 109,009.00	100,149.08
CT0154L1E051606	CT0154 Greater Hartford Mercy Rental Assistance	
Final Draw Complete as of 12/28/18?	[✓ YES]/ NO	
BUDGET	Amount Reflected in SAGE	Amount Reflected in ELLOCS
Support Services		
Long Term Rental Assistance	93,164.08	93164.08
Admin	6,985.00	6985

* complete steps III-A-3 -f through step h. For each of the grants on the APR Financial spreadsheet.

4. For grants that are completed only (If there is still a receivable, you must wait until the receivable is drawn)

   a. Print Budget tab from ELOCCS

Grant: CT0154L1E051606 (SNAP) Special Needs Assistance

Status	Line Item	Name	Authorized	Disbursed	Payments in Process	Balance
	1040	Rental Assistance	102,024.00	93,164.08	0.00	8,859.92
	1060	Administrative	6,985.00	6,985.00	0.00	0.00
		Totals	**109,009.00**	**100,149.08**	**0.00**	**8,859.92**

   b. Print General tab from ELOCCS

Grant: CT0154L1E051606 (SNAP) Special Needs Assistance

Contractual Organization

Tax ID: 06-6000798

STATE OF CONNECTICUT
410 Capitol Ave
Hartford, CT 06106-1367

Payee Organization:

- same as contractual-

DUNS Organization

DUNS: 103626086 Renewal Date: 11-23-2019
Tax ID: 06-6000798 ✓ Matches contractual org.

MENTAL HEALTH AND ADDICTION SERVICES, CONNECTICUT DEPARTMENT OF
410 CAPITOL AVE
HARTFORD, CT 06106-1367

Region: 01 - NEW ENGLAND
Office: 26 - CONNECTICUT ST OFC.

Contract Dates

LOCCS Created:	04-20-2017
Effective Date:	04-24-2017
Expiration Date:	09-30-2018
Term (months):	12
Operating Start:	10-01-2017

HUD Funding

Obligated:	109,009.00
Contracted:	109,009.00
LOCCS Authorized	
Authorized:	109,009.00
Disbursed:	100,149.08
In process:	0.00
Balance:	8,859.92

   c. store printouts in the manila grant folder.

B. Open up the HUD Receivable log and drill to the grant tab

   1. Print the receivable log for the manila grants folder

	A	B	C	D	E	F	G	H	I	J
1						FY 2019				
2	Accounting Period	Monthly Expenditures	Cumulative Expenditures	Cumulative Recognized Revenue	Grant Drawdown Amount	Cumulative Collected Revenue	Current Receivable	Cumulative Grant Award	Award Balance	
3	7/1/2018		$ 240,277.16	$ 204,137.56		$ 204,137.56	$ 36,139.60	$ 262,886.00	$ 58,748.44	$ 22,608.84
4	999		$ 240,277.16			$ 204,137.56	$ 36,139.60		$ 58,748.44	
5	7/31/2018	$ -	$ 240,277.16			$ 204,137.56	$ 36,139.60		$ 58,748.44	
6	8/31/2018	$ 358.08	$ 240,635.24	$ 36,139.60	$ 36,139.60	$ 240,277.16	$ 358.08		$ 22,608.84	
7	9/30/2018	$ -	$ 240,635.24	$ 358.08	$ 358.08	$ 240,635.24	$ -		$ 22,250.76	
8	10/31/2018		$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
9	11/30/2018		$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
10	12/31/2018		$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
11	1/31/2019		$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
12	2/28/2019		$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
13	3/31/2019		$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
14	4/30/2019		$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
15	5/31/2015		$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
16	6/30/2019		$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
17	998		$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
18			$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
19			$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
20			$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
21			$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
22			$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
23			$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
24			$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
25			$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
26			$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
27			$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
28			$ 240,635.24			$ 240,635.24	$ -		$ 22,250.76	
29			$ 240,635.24	$ 240,635.24		$ 240,635.24	$ -	$ 262,886.00		$ 22,250.76
30	YTD	$ 358.08		$ 36,497.68	$ 36,497.68			$ -		
31										
32										
33										

C. Print final reconciliation for the manila folder

Mercy Hsg TRA:Middletown (16)

CoC		↓		↓				
ct0246L1e051603	22656-165404-22628-2016	22656-165499-22628-2016	22656-165405-22628-2016	22656-165406-22628-2016				
FEDERAL BUDGET FROM CONRACTS				FLAT GRANT				
	07/01/17 - 06/30/18							
	RA-1040		1050	1060		Reconciled		
	HAP	RA Admiin	Supportive Services	Grant Admin	total	to RECEIVABLE LOG		
	231,956.00	**18,556.00**		**12,374.00**	**262,886.00**			
EXPENDITURES REPORTS								
FY2017	18,975.00	-		-	18,975.00	18,975.00	ok	-
FY2018	192,378.00	16,550.16		12,374.00	221,302.16	221,302.16	ok	-
FY2019		358.08			358.08	358.08	ok	-
	211,353.00	16,908.24	-	12,374.00	240,635.24			
Balance available for the next pmts	**20,603.00**	**1,647.76**	**-**	**-**	**22,250.76**			

CASH RECEIPTS	**(MOD_CASH)**							-
	165404	165405	165406					
	HAP - RA Admin	Supportive Services	Administrative Costs	total				
FY2017	-	-	-	-	-	ok	-	
FY2018	193,825.56	-	10,312.00	204,137.56	204,137.56	ok	-	
	34,435.68	-	2,062.00	36,497.68	36,497.68		-	
	228,261.24	-	12,374.00	240,635.24				
								-
RECEIVABLE	-	-	-					
in review								
on hold	-	-	-					
	-	-	-					

LOCCS PROJECT STATUS:	**as of 12/12/18**				
	1040	1050	1060		
	Rental Assistance	Supportive Services	Administrative Costs		
Auth	**250,512.00**	-	**12,374.00**		
Prvsly drawn by LMHA	-	-	-	total	
	250,512.00	-	**12,374.00**	**262,886.00**	
requested to date	228,261.24		12,374.00		
in process				240,635.24	
balance	22,250.76	-	-	22,250.76	
			DRAWDOWN VARIANCE	-	

a. Store the manila folder in case the auditors would like to see it for 3 years.