ESG Requisition Forms

Or: How I Learned to Stop Worrying and Love Excel

Purpose of Presentation

- At the End of this Presentation, you should be able to:
 - Fill out a Requisition form with confidence and accuracy
 - Understand how the Requisition form works
 - Know how to submit a Requisition Form

Presentation Table of Contents

- I. Basic Information About the Forms
 - What the Forms are For
 - When to Submit / When you'll get paidHow to Fill out and Submit the Form
- II. Steps to Use Each of the Three Forms
 - Emergency Services Form
 - Housing Stabilization Form
 - Non-Client Payment Form
- |||.

For what is this form?

- Simply put, this form is how you get paid. This form tells the state what services have been rendered, to whom, and what payment your organization is due
- For ease of use and Uniformity this form has been made to be used in Excel, and then printed and signed
- The first two forms are for client-based payments for things like financial assistance. The third slide is for non-client-based payments, such as staff costs, or shelter operating costs

When should this be Submitted?

- Requisition Forms should be submitted by the 15th of the month, for the previous month
- If the State receives payment by the 15th, your agency should receive payment by the 5th of the next month
- If you cannot get the form in by the 15th, you will still be paid, but one month later

Street Outreach and Emergency Shelter Requisition Form

| Requisition for NC ESG Program | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------|--------------|-------------------|--------------------------------------------------|--|--|--|
| Client Regu | isition | | | Contract \$: | | | | |
| | | | | Contractor | | | | |
| | | | Dat | e of requirition: | | | | |
| | | | | CHIN client ID: | | | | |
| | | Street Outreach or | Emorgone; | Shelter client; | | | | |
| | | | | | | | | |
| Documentation for each individual must be submitted separately. This requisition can only contain information for 1 household. | | | | | | | | |
| | | | | | | | | |
| | | Documentation | | ce covers this | | | | |
| | Dollars | submitted with | period | | | | | |
| Street Outrea | | requisition | (1000000 | 44444 | Documentation included in the participant's file | | | |
| Contracted servi | ce for this par | | | | * invoice for the service. | | | |
| engagement | | Receipt, invoice, | from: | | 1 | | | |
| | | Receipt, invoice, | to: | | 1 | | | |
| case management | | or copy of | from: | | 1 | | | |
| emergency | | Receipt, invoice, | to: From: | | I I | | | |
| health services | | Receipt, involce, | to: | | | | | |
| emergency | | Receipt, invoice, | | | 1 | | | |
| mental health | | or copy of | from: | | 4 | | | |
| services | | check. | to: | | I | | | |
| transportation | | Receipt, invoice, | from: | | 1 | | | |
| | | or copy of | to: | | 1 | | | |
| outreach and | | Receipt, invoice, | from: | | I i | | | |
| engagement | | or copy of | to: | | | | | |
| | | | | | I | | | |
| | | Documentation | | ce covers this | | | | |
| Emergency | Dollars | submitted with | period | | 1 | | | |
| Shelter | Requested | requisition | 100000 | 44444 | Documentation included in the participant's file | | | |
| | · | | | | * invoice for the service. | | | |
| Contracted servi | ce ror this par | | | | 4 | | | |
| case | | Receipt, invoice, or copy of | | | I I I I I I I I I I I I I I I I I I I | | | |
| management | | check. | from: | | I I I I I I I I I I I I I I I I I I I | | | |
| - | | | to: | | 1 | | | |
| child care | | Receipt, invoice, | from: | | 1 | | | |
| cinid core | | or copy of | to: | |] | | | |
| education | | Receipt, invoice, | from: | | | | | |
| services | | or copy of | to: | | 1 | | | |
| | | Receipt, invoice, | from: | | 1 | | | |
| legal services | | or copy of | to: | | 1 | | | |
| | | check. | | | 1 | | | |
| transportation | | Receipt, invoice, | from: | | 1 | | | |
| | | or copy of | to: | | 1 | | | |
| mental health | | Receipt, invoice, | from: | | 1 | | | |
| services | | or copy of | to: | | 1 | | | |
| substance abuse | | Receipt, invoice, | from: | | 1 · · · · · · · · · · · · · · · · · · · | | | |
| treatment | | or copy of | to: | | | | | |
| outpatient | | check. Receipt, invoice, | from: | | 1 | | | |
| health services | | or copy of | to: | | 1 | | | |
| life skills | | Receipt, invoice, | from: | | | | | |
| training | | or copy of | to: | | 1 | | | |
| employment | | Receipt, invoice, | from: | | 1 | | | |
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| Requisition | Totale | | | | Drink d News | | | |
| nequiation | . otara | | | | Printed Name | | | |
| ~ | | | | | | | | |
| | et Outreach | | | | Title | | | |
| | ency Shelter | | | | | | | |
| | a/Evaluation | NA | | | Signature | | | |
| Ad | ministration | NA | | | | | | |
| | | | | | | | | |
| | Total | | \$0.00 | |] | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

How to Use the Top Box

| | Requisition for NC ESG Program | | |
|-------------------------|--------------------------------|--------------------------------------------|--------------------|
| | Client Requisition | Contract #: | 28788 |
| Requisition Client R | | Contractor | Loving Peace, Inc. |
| | | Date of requisition: | 10/1/2012 |
| | | CHIN client ID: | 12345 |
| | St | reet Outreach or Emergency Shelter client: | Street Outreach |

- Contract #: Your 5 digit DHHS Contract number
- Contractor: The name of your organization
- Date of Requisition: Date Service Provided
- Street Outreach or Emergency Shelter: This is a drop box, you must select one of the choices, as this is how the requisition form populates the total dollars

How to use the Middle Box

 The Middle Box is there to show what services were rendered, on what date, and how much the agency would like to be paid for said services. This is an example of a blank one for Emergency Shelter

| Emergency | Dollars | submitted with | Assistance covers this period | |
|--------------------------|----------------|----------------------------------------|----------------------------------|------------------------------------------------------------------------------|
| Shelter | Requested | requisition | (MM/DD/YYYY) | Documentation included in the participant's file * invoice for the service. |
| Contracted servi | o for this nar | ticinant | | " invoice for the service. |
| Contracted Servin | | Receipt, invoice, | | |
| case | | or copy of check. | | |
| management | | | | _ |
| | | B 141 1 | to: | _ |
| child care | | Receipt, invoice, or copy of check. | from: | _ |
| | | | ιυ. | |
| education | | Receipt, invoice, | from: | |
| services | | or copy of check. | | |
| | | Receipt, invoice, | from: | |
| legal services | | or copy of check. | to: | - |
| transportation | | Receipt, invoice, | from: | |
| | | or copy of check. | to: | |
| mental health | | Receipt, invoice, | from: | |
| services | | or copy of check. | to: | |
| substance abuse | | Receipt, invoice, or copy of check. | from: | _ |
| treatment | | or copy of check. | to: | |
| outpatient health | | Receipt, invoice, | from: | |
| services | | or copy of check. | | |
| life skills training | | Receipt, invoice, | from: | |
| - | | or copy of check. | | |
| employment | | Receipt, invoice, | from: | |
| assist & job training | | or copy of check. | to: | |
| training | | | ιυ. | Signed Representative |
| . ,. | | | | |
| Requisition | Totals | | | Printed Name |
| Str | eet Outreach | \$0.00 | | Title |
| Emergency Shelter \$0.00 | | | | 1110 |
| - | ta/Evaluation | • • • • • | - | Signature |
| Administration NA | | | | Jugnature |
| A | นาทยารแซแบ | INA |] | |
| | Tota | | \$0.00 | |

The Middle Box Continued

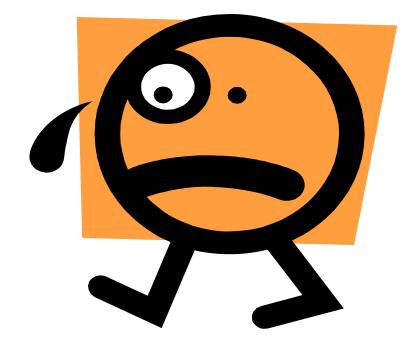
- Remember, the top box must reflect the service type for the totals box to populate.
- Put the amount for each service on behalf of the client, the dates of service, and appropriate documentation
- Shelter Operating Costs do not belong on this form, that will be covered

| Emergency Shelter | Dollars Requeste | Documentation submitted with d requisition | period (MM/DD/Y | e covers this: YYY) | Documentation included in the participant's file |
|----------------------|---------------------|--------------------------------------------------|--------------------|------------------------|--------------------------------------------------|
| | | | | , | * invoice for the service. |
| Contracted servi | | | | | |
| case | | .00 Receipt, invoice, | | | |
| managemen | | or copy of check | from: | 10/1/2012 | |
| managemen | | | to: | 10/30/2012 | |
| - Mail a second | | Receipt, invoice, | from: | | |
| child care | | or copy of check | to: | | |
| educatior | | Receipt, invoice, | from: | | |
| services | | or copy of check | | | |
| | | Receipt, invoice, | from: | | |
| legal services | | or copy of check | to: | | |
| - | | | | | |
| transportatior | \$ 50 | .00 Receipt, invoice, | from: | 10/15/2012 | |
| | | or copy of check | to: | 10/22/2012 | |
| mental health | | Receipt, invoice, | from: | | |
| services | | or copy of check | | | |
| substance abuse | | Receipt, invoice, | from: | | |
| treatmen | | or copy of check | | | |
| outpatient health | \$ 200 | 00 Receipt, invoice, | to: from: | 10/15/2012 | |
| services | \$ 200 | or copy of check | | 10/15/2012 | |
| | | Receipt, invoice, | from: | 10/13/2012 | |
| life skills training | | or copy of check | | | |
| employmen | | Receipt, invoice, | from: | | |
| assist & job | | or copy of check | | | |
| training | | | to: | | |
| | | | | | Signed Representative |
| | | | | | |
| Requisition | Totals | | | | Printed Name |
| | | | | | |
| Str | eet Outrea | ach \$0.00 |) | | Title |
| Emera | ency She | | - | | |
| Data/Evaluation NA | | | | | Signature |
| | dministrat | | | | |
| | unninada | | | | |

Outreach/E.S. Essential Services Wrap-Up

- The Excel formulas will use the top box, and the information in the middle box to calculate the requisition totals
- Upon finishing, print out the sheet, and sign it
- A Requisition sheet is necessary for everyone receiving Outreach and/or Shelter Essential Services
- There shall be only one household listed on each requisition form, or it will be inaccurate

Questions?



The Prevention/Rapid Re-Housing Requisition Form

- The next portion of this presentation will cover the Requisition form for Rapid Re-Housing and Prevention
- This form differs from the last in that it mostly regards financial assistance or paying for contracted services for a consumer, that being said, this form works basically the same way

H.S. Requisition Form

Requisition for HC ESG Program **Client Requisition**

Contract Caalesalar Caalesalar Dale of requisilias: CHIH alieal ID:

Persentian ar Rapid ReHanning atical: Persentian

Desemvelation for rank individual would reached the experience. This requisition was only contain information for 1 household.

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|-----------------------------------|-----------------|----------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Requested | regainilian | 1000000 100000 | Desservation included in the participant's file |
| Real Assistance, | | Rearigl, issuise, | fram: | · real reasonableares for [HCHassingSeareb.com form or massal form] |
| anternal ar in | | er anys of abrab. | 1=: | * for prevalies and; langer arelification form, HH income would be below 30X AMI for prevalies annialance |
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Requisition Totals

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|----------------------|------------|---------------|-----------------------|
| | Provention | RapidRohowing | - |
| Financial Arristance | \$0.00 | \$8.88 | Printed Hame |
| Howing Services | \$0.00 | \$8.88 | |
| Data/Evaluation | | НА | Tille |
| Administration | | НА | |
| | | | Signalarr |
| Total | | \$8.88 | |
| | | | |

The Top Box

| Requisition for NC ESG Program | |
|----------------------------------|------------------------|
| Client Requisition Contra | ct #: 12345 |
| Contra | ctor Loving Peace, Inc |
| Date of requisi | ion: 10/1/2012 |
| CHIN clien | ID: 12345 |
| Prevention or Rapid ReHousing cl | ent: Rapid Rehousing |

Documentation for each individual must be submitted separately. This requisition can only contain information for 1 household.

Documentation for each individual must be submitted separately. This requisition can only contain information for 1 household.

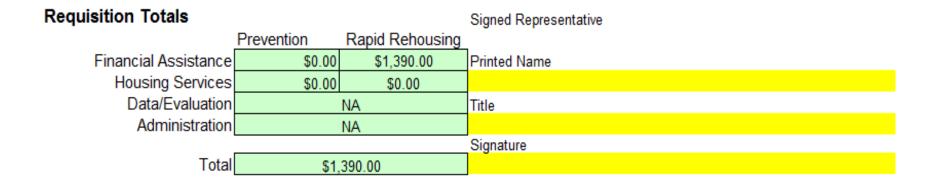
- As you can see, the whole form is a bit too large to look at in one frame, so we'll break it down, the same way we did with the E.S. form
- Once again, it is very important to use the drop box, and accurately select if this is a consumer of Prevention Services, or a Consumer of RRH Services, this is a part of how the total money owed is calculated
- Contract # should be your five digit DHHS contract number
- Contractor is the name of the provider
- Date of Requisition is the date the service was provided

The Middle Box

- In this instance the consumer is receiving RRH services, and was aided in several categories
- Appropriate documentation to attach is listed on the right of the form
- For any category of assistance rendered, the green boxes must be filled out accurately

| | Dollars | Documentation submitted with | Assistance covers this period | |
|-------------------------------------------------|-----------|-------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Requested | requisition | (MM/DD/YYYY) | Documentation included in the participant's file |
| Rent Assistance, current or in arrears | \$ 500.00 | Receipt, invoice, or copy of check. | from: <u>10/1/2012</u> to: <u>10/31/2012</u> | * rent reasonableness form (NCHousingSearch.com form or manual form) * for prevention only: Income certification form, HH income must be below 30% AMI for prevention assistance * HQS inspection form HUD 52580-A if assisting a client in remaining housing or moving to new housing * lead-based paint form (if pre-78 house with child <6 yrs old), completed by certified person. Required any time a child <6 will be living in the unit. * copy of the tenant's lease * HAP agreement * documentation of debt (e.g., a demand letter) if the assistance is for |
| Rental application | \$ 40.00 | Receipt, invoice, | from: 10/1/2012 to: NA | * rent reasonableness form (NCHousingSearch.com form or manual |
| Security deposit | \$ 500.00 | Receipt, invoice, or copy of check. | from: 10/1/2012 to: NA | * rent reasonableness form (NCHousingSearch.com form or manual form) * HQS inspection form HUD 52580-A (if moving). Not required on former unit if only received rent arrears. * lead-based paint form (if pre-78 house with child <6 yrs old), completed by certified person. Not required on former unit if only received rent arrears. * copy of the tenant's lease * HQS inspection form HUD 52580-A if assisting a client in remaining |
| Utility payment(s), current or in arrears | | Receipt, invoice, or copy of check. | from: to: | For prevention only: Income certification form, HH income must be below 30% AMI for prevention assistance lead-based paint form (if pre-78 house with child <6 yrs old), completed by certified person. Not required on former unit if only received rent arrears. HQS inspection form HUD 52580-A if assisting a client in remaining housing or moving to new housing copy of utility bill |
| Utility deposit | \$ 150.00 | Receipt, invoice, or copy of check. | from: <u>10/1/2012</u> to: NA | * lead-based paint form (if pre-78 house with child <6 yrs old), completed by certified person. Not required on former unit if only received rent arrears. * HQS inspection form HUD 52580-A if assisting a client in remaining housing or moving to new housing |
| Moving cost assistance | \$ 200.00 | Receipt, invoice, or copy of check. | | * lead-based paint form (if pre-78 house with child <6 yrs old), completed by certified person. Not required on former unit if only received rent arrears. * HQS inspection form HUD 52580-A if assisting a client in remaining |

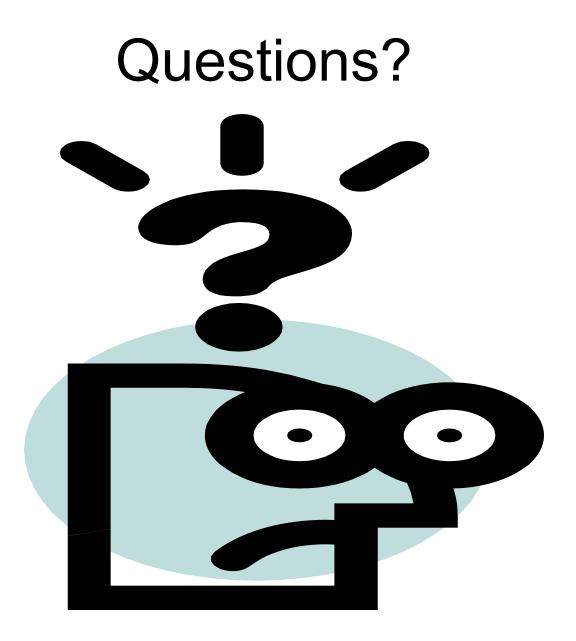
The Totals Box



 In order for this box to work correctly you must put only one household per requisition form, put the accurate service in the drop down box at the top, and put the monies owed in the middle box.

Prevention / RRH Slide Wrap Up

- The Excel formulas will use the top box, and the information in the middle box to calculate the requisition totals
- Upon finishing, print out the sheet, and sign it
- A Requisition sheet is necessary for everyone receiving Outreach and/or Shelter Essential Services
- There shall be only one household listed on each requisition form, or it will be inaccurate
- This presentation does not illustrate, but H.S. monies can also be used on certain contracted services on the form, such as credit repair or legal services



The Non-Client Based Requisition Form

- There are certain ESG activities that are not as client based as the ones covered in the first two forms, this is where the Non-Client Requisition form is useful
- The Non-Client form covers (primarily) staff time for the following categories: Financial Assistance, Relocation/Stabilization, Outreach, Shelter Services, Shelter Operating Costs, HMIS expenses, Centralized or Coordinated Intake, and Administration
- This form works in much the same way as the first two, but requires documentation of hours spent on an activity. This form is also longer than the other two
- This presentation will show how to use the sections of this form

What kind of things does the Non-Client Form cover?

- The Non-Client form covers (primarily) staff time for the following categories:
 - -Financial Assistance
 - -Relocation/Stabilization
 - -Outreach
 - Shelter Services
 - Shelter Operating Costs
 - HMIS expenses
 - Centralized or Coordinated Intake
 - -Administration

Staff Time for Financial Assistance

- This form shows how many staff hours have been used on Financial Assistance, and how much money is required to compensate the provider
- Be mindful of whether this time was spent on Prevention or Rapid Re-Housing

| NonClient Requisition (Staff Time & Operating Expense: | S) | | Contract #: | 1234 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------|----------------|-------------------------------------------------|--|
| Pages | | | Contractor: | Loving Peace, Inc. | |
| | | Date o | f requisition: | 10/1/2012 | |
| Staff Time & Travel | | | | | |
| Il staff time spent on ESG should appear in one of the below "staff time" rows, and sh | ould be docume | ented with times | sheets. | | |
| his requisition (unlike the Client Requisition) covers time and activities for multiple ho | | | | lividual households. | |
| | 1 | for Rapid | | | |
| | for Prevention | Rehousing | | | |
| INANCIAL ASSISTANCE | Households | Households | Documenta | tion submitted with requisition | |
| taff time for Financial Assistance. | hours spent: | hours spent: | | for each staff person that spent time of | |
| 'his includes: | | | Financial As | ssistance. | |
| a) time for processing financial assistance payments (for rent assistance, security | \$ requested: | \$ requested: | | | |
| eposits, utility payments, moving cost assistance, motel/hotel vouchers). | | | | These timesheets must indicate what time (on th | |
| b) time for performing housing inspections or paying fees-for-service for housing | | | · · · | was spent on ESG Financial Assistanc | |
| spections, including travel time. | | | | eet must indicate what time was for | |
| c) time for preparing and submitting requisitions for reimbursement for these sectors. | | | | households and what time was for Rap | |
| ctivities. A time for making disk upperments to partner arganizations for these activities. | | | Re-nousing | households. | |
| d) time for making disbursements to partner organizations for these activities. e) other time spent in order to accomplish Financial Assistance activities. | | | | | |
| , , , , | | • | | | |
| Other expenses for Financial assistance | \$ requested: | \$ requested: | | documentation is what your agency | |
| ncludes travel, lodging, mobile phone expenses, etc. | | | | s internally (expense reports, receipts, | |
| Describe the expenses that are included in this line of this requisition. | | | | justify payments or reimbursements. | |
| | | | i nesë will v | rary according to what the expense is for | |

Staff Time for Street Outreach, Filled Out

- This is an example of what it may look like to fill out the Non-Client form for Street Outreach
- Notice that under "Other" the blue box explains what other expenses there were for Street Outreach

| 3. STREET OUTREACH SERVICES | | Documentation required in files |
|----------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------|
| Staff time for Street Outreach Services. | hours spent: | Timesheets for each staff person that spent time on Street |
| This includes: | 10 | Outreach Services Services. |
| (a) time for performing engagement, assessment, case management, emergency | \$ requested: | |
| health and mental health services, and transportation. | \$ 100.00 | These timesheets must indicate what time (on the timesheet) was |
| (b) time for submitting requisitions for reimbursement for these activities. | ψ 100.00 | spent on Street Outreach Services. |
| (c) time for making disbursements to partner organizations for these activities. | | |
| (d) other time spent in order to accomplish Street Outreach Services activities. | | |
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| | | |
| Other expenses for Street Outreach Services | \$ requested: | Appropriate documentation is what your agency already uses |
| Includes travel, lodging, mobile phone expenses, etc. | \$ 35.00 | internally (expense reports, receipts, invoices) to justify payments or |
| Describe the expenses that are included in this line of this requisition. | | reimbursements. These will vary according to what the expense is |
| Mobile Phone Bill for Street Outreach Staff | | for. |
| | | |
| | | |
| | | |

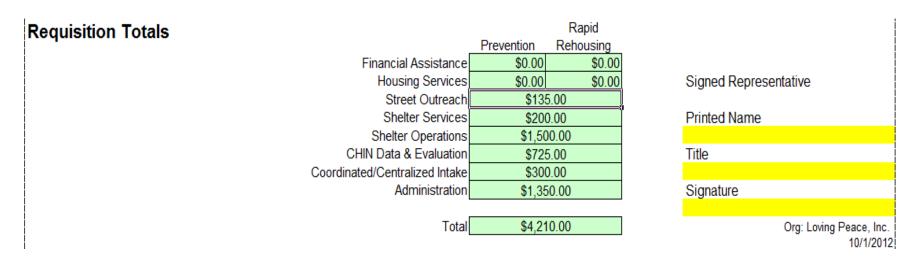
A Couple More Examples of the Non-Client Form in Action

| 5. SHELTER OPERATIONS (Emergency Shelter and Transitional Housing) Staff time for providing services. | Documentation required in files Rent, utility, fuel, equipment, insurance, utilties, food, furnishings | |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| | | |
| This includes: | | and supply receipts to back up requisition |
| a) costs for rent for shelter, security, fuel, equipment, insurance, utilities, food, | | Timesheets for each staff person that spent time on Shelter |
| urnishings, and supplies necessary to operate the shelter | \$ 1,500.00 | Operations. Copies of invoices for shelter supplies and operating |
| b) time for submitting requisitions for reimbursement for these activities. | | costs. |
| (c) time for making disbursements to partner organizations for these activities. | | |
| d) other time spent in order to accomplish Shelter Operations. | | These timesheets must indicate what time (on the timesheet) was |
| | | spent on Shelter Operations. |
| | | |
| | | |
| | | |
| | | |
| | | |

| 6. CHIN DATA & EVALUATION | | Documentation required in files |
|--------------------------------------------------------------------------------------|---------------|-------------------------------------------------------|
| Staff time for Data & Evaluation. | hours spent: | Timesheets for each staff person that spent time on |
| This includes time for: | 20 | CHIN Data & Evaluation. |
| (a) doing CHIN data entry and monitoring CHIN data entry. | \$ requested: | |
| (b) performing grant management and oversight related to data and to program | \$ 200.00 | These timesheets must indicate what time (on the |
| evaluation. | | timesheet) was spent on CHIN Data & Evaluation. |
| (c) submitting requisitions for reimbursement for these activities. | | |
| (d) making disbursements to partner organizations for these activities. | | |
| (e) other time spent in order to accomplish Data & Evaluation activities. | | |
| Other expenses for CHIN Data & Evaluation | \$ requested: | Appropriate documentation is what your agency |
| Includes travel, lodging, mobile phone expenses, etc. Specific examples include CHIN | \$525.00 | already uses internally (expense reports, receipts, |
| user fees, equipment (e.g., computer), & internet access. | | invoices) to justify payments or reimbursements. |
| Describe the expenses that are included in this line of this requisition. | | These will vary according to what the expense is for. |
| CHIN User Fee (\$325), a New Computer (\$150), Monthly Internet (\$50) | | |
| | | If the Grantee purchases computer equipment, it |
| | | must include a defense of why the Grantee opted for |
| | | purchase vs. lease of equipment. |
| | | |

 This is an example of the Non-Client form being used to Requisition money for Shelter Operating Costs and CHIN costs

Example of Totals Screen



- This is an example of how the Non-Client Totals look after the form is filled out. The Green Cells are populated from input above.
- At this point you would be ready to sign and print the Requisition form

Questions?

