

FY 2025 CDBG/ESG Training Session

June 24-June 28, 2024

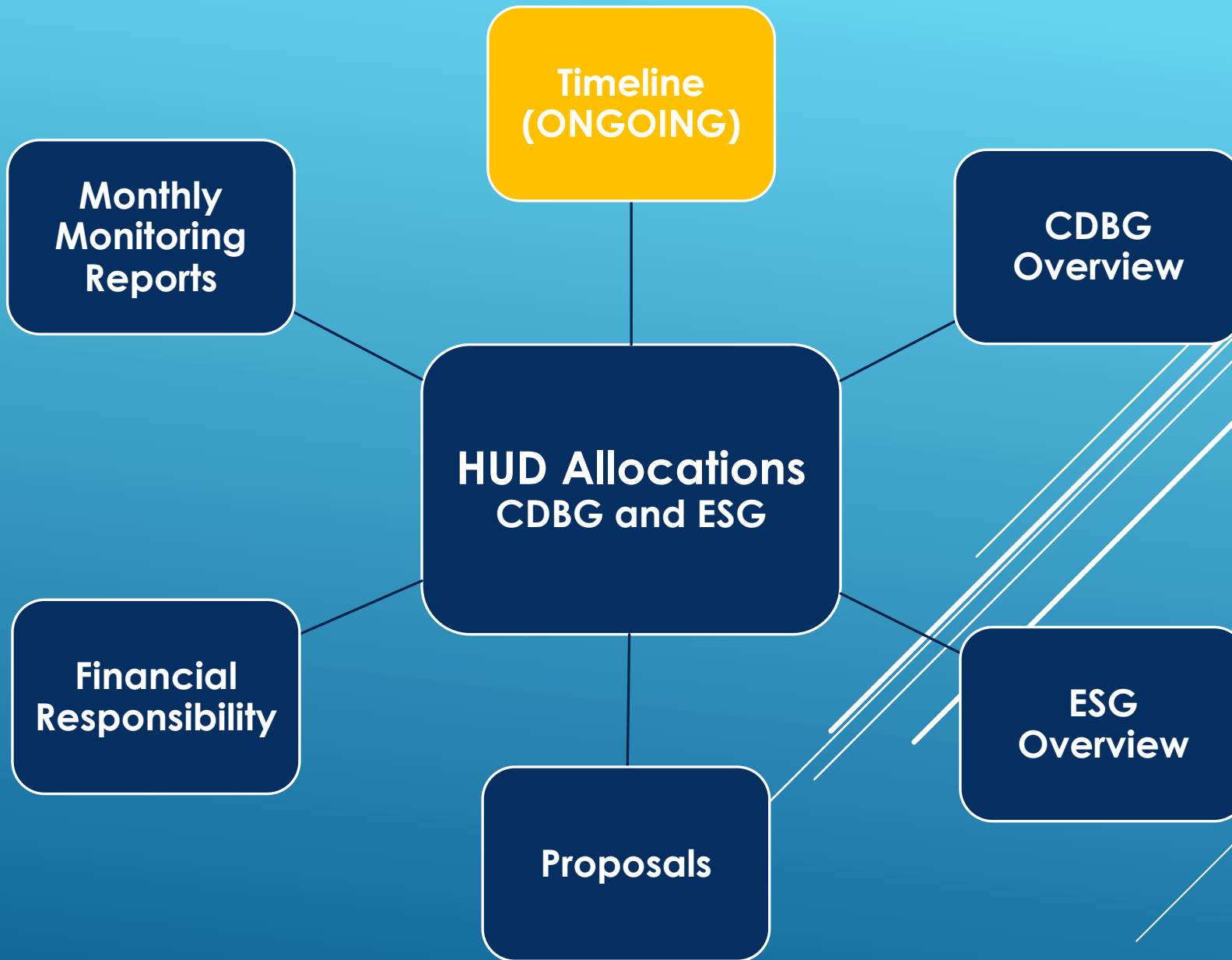
CITY OF EVANSVILLE-DEPARTMENT OF METROPOLITAN DEVELOPMENT

812-436-7823

COMMUNITY DEVELOPMENT STAFF

- ❖ **Kolbi Jackson – Executive Director**
- ❖ **Lana Abel – Deputy Director**
- ❖ **Haley Hale – Community Development Coordinator**
- ❖ **Adam Moore – Finance Officer**
- ❖ **Gayl Killough – Community Development Specialist**
- ❖ **Erin Phillips – Community Development Specialist**
- ❖ **Kory Kempf – Community Development Specialist**
- ❖ **VACANT – Community Development Specialist**
- ❖ **Glenn Schoenbaechler – Property Inspector**





JUNE 2024

2025 CDBG/ESG
GRANT TRAINING

Sun	Mon	Tues	Wed	Thurs	Fri	
1/2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29/30

JULY-AUG 2024

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	Aug 1	Aug 2	Aug 3
Aug 4	Aug 5	Aug 6	Aug 7	Aug 8	Aug 9	

2025 CDBG/ESG
PROPOSALS
AVAILABLE

FINAL DATE
FOR
PROPOSAL
REVIEW WITH
CD STAFF

2025
PROPOSALS
DUE

2025 Federal Grants Allocation Schedule

January 2025

Tentative date
for **CAC**
Presentations

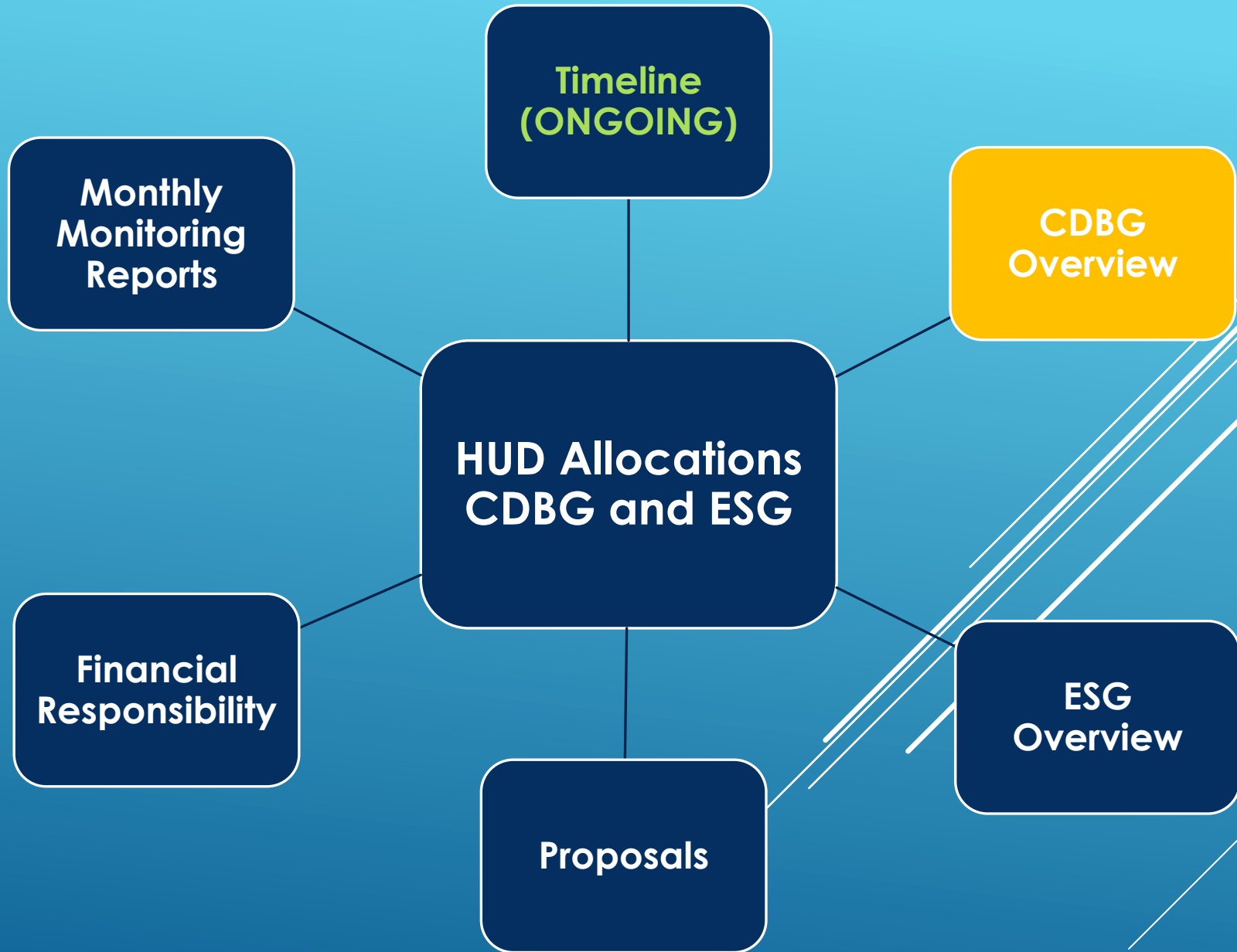
March 2025

Tentative date
for **City Council**
Presentations

May 15, 2025

2025 **Action**
Plan Due

2025 Program Year:
July 1, 2025 - June 30, 2026



HUD RESOURCES

- The City of Evansville must follow HUD Regulations in the use of CDBG funds (Subpart A 570).
- Guidance and links to HUD regulations can be found at the City of Evansville, Community Development webpage.
- HUD Exchange:
 - <https://www.hudexchange.info/programs/cdbg/>

CDBG REVIEW

National Objectives

Activities funded with CDBG must meet one of HUD's 3 **National Objectives**

1. Benefit Low and Moderate Income Persons/Households

2. Eliminate Conditions of Slum and Blight

3. Meet a Community Urgent Need (NA)

CDBG REVIEW CONTINUED

National Objectives

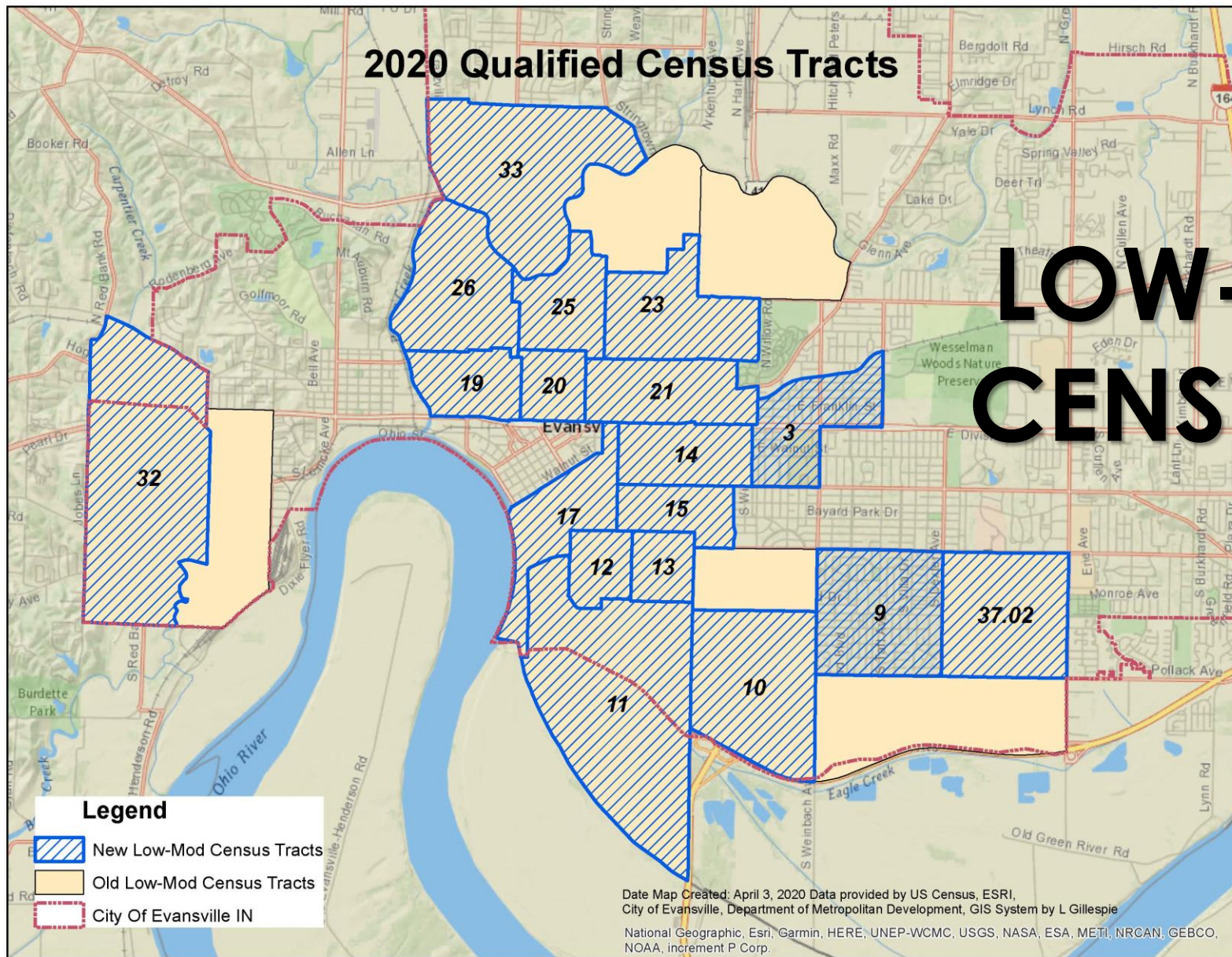
1. Benefit low-and moderate-income (LMI) persons/
households

a) **Area benefit** activities

- This is an activity which benefits all residents in a particular area, where at least 51% of the residents are LMI persons.

2020 Qualified Census Tracts

LOW-MOD CENSUS TRACTS



CDBG REVIEW CONTINUED

National Objectives cont.

b) Limited Clientele (LMC) 51% LMI

- Presumed Benefit (LMC/PB)-Must serve certain clientele exclusively:
 - Abused children
 - Elderly (62 years or older)
 - Battered spouses
 - Severely disabled adults
 - Illiterate adults
 - Persons living with HIV/AIDS
 - Migrant farm workers
 - Homeless persons

CDBG REVIEW CONTINUED

National Objectives cont.

c) Housing Benefit (LMH)

- Single Family – 100% LMI
- Multi-Family – 51% LMI

d) Job Creation/Retention (LMJ)

- Where 51% of jobs are taken by or made available to LMI persons

2024 HUD Income Guidelines
 For the Evansville Metropolitan Statistical Area
 Median Income – \$81,400
 As of May 1, 2024

Number in Household	30% of Median (Extremely Low Income)	50% of Median (Low Income)	80% of Median (Moderate Income)
1 Person	\$17,450	\$29,100	\$46,500
2 Persons	\$19,950	\$33,250	\$53,150
3 Persons	\$22,450	\$37,350	\$59,800
4 Persons	\$24,900	\$41,500	\$66,400
5 Persons	\$26,900	\$44,850	\$71,750
6 Persons	\$28,900	\$48,150	\$77,050
7 Persons	\$30,900	\$51,500	\$82,350
8 Persons	\$32,900	\$54,800	\$87,650

CDBG ELIGIBLE ACTIVITIES

- Acquisition of Real Property
- Clearance
- Code Enforcement
- Construction of Housing
- Disposition
- Homeownership Assistance
- Interim Assistance
- Loss of Rental Income
- Microenterprise Assistance
- Special Economic Development Activities
- Planning and Capacity Building
- Privately-Owned Utilities
- Program Administration Costs
- Public Facilities and Improvements
- Public Services
- Rehabilitation
- Relocation
- Special Activities by CBDOs
- Miscellaneous Other Activities

CDBG INELIGIBLE ACTIVITIES

The following activities may not be assisted with CDBG funds under any circumstance:

- Buildings or portions thereof, used for the general conduct of government
- General government expenses
- Political activities

CDBG INELIGIBLE ACTIVITIES CONTINUED

The following activities may not be assisted with CDBG funds *unless*:

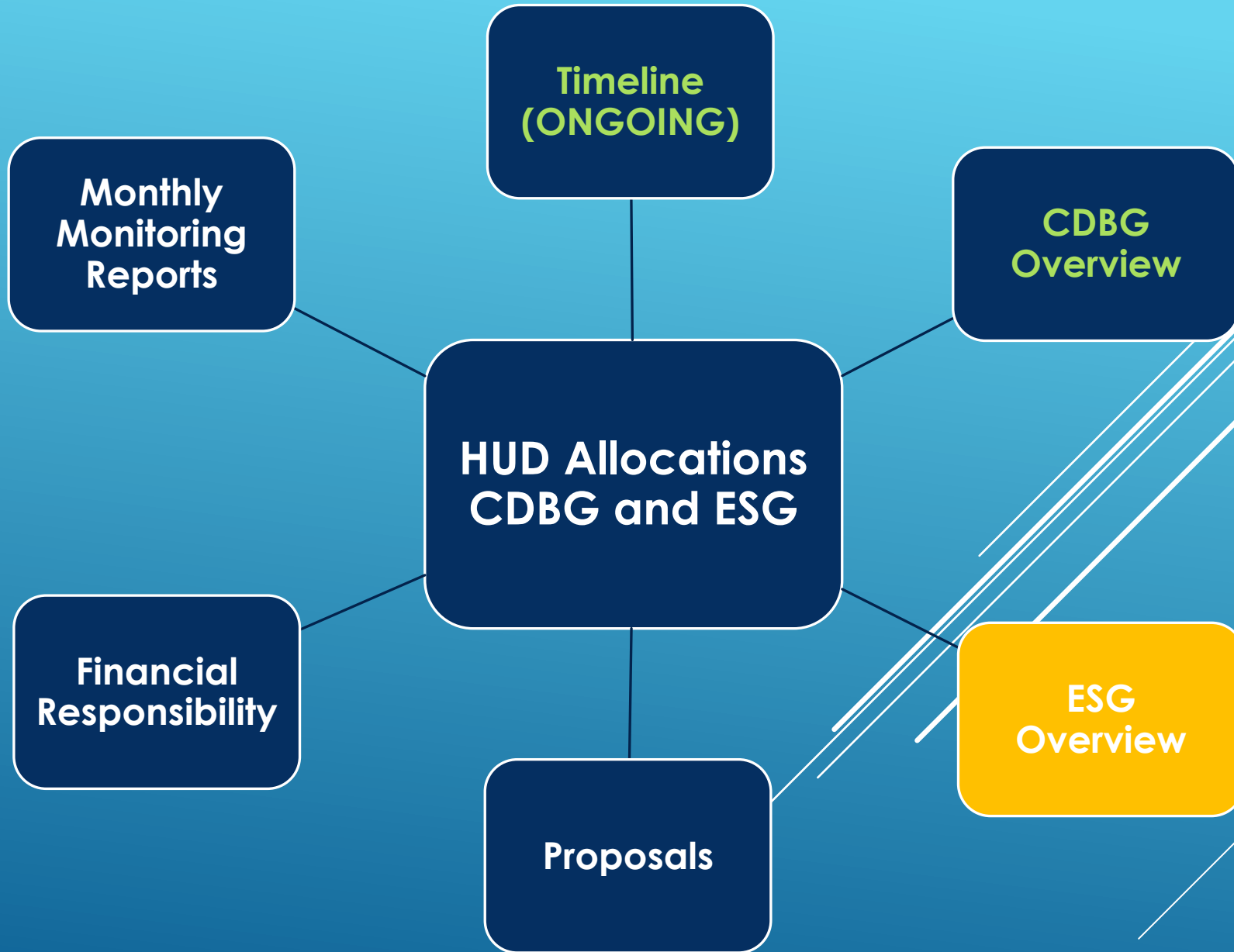
1. authorized as Special Economic Development Activities under **§570.203**; or
2. when carried out by a Community Based Development Organization (CBDO) under the provisions of **§570.204**.

- Purchase of equipment
 - Construction equipment
 - Fire protection equipment
 - Furnishings and personal property
- Operating and maintenance expenses
- New housing construction
- Income payments

SUMMARY OF CDBG ACTIVITIES

Eligible activities are so broad that it is easy to forget that some things cannot be done under the program.

Some activities will require an Eligibility Review by CD Staff to provide guidance in determining the eligibility of activities frequently associated with housing and community development.



EMERGENCY SOLUTIONS GRANT (ESG)

- In Evansville there are about 500 individuals in shelter or transitional housing on any given night
- 50-60 homeless individuals on the street or places not meant for habitation
- More than 2,000 homeless served annually
- Shelters stay at maximum capacity all year
- HUD's goal is to lessen the length of stay in shelter and move to permanent housing faster
- Coordinated Entry Assessment prioritizes the homeless
- Funds are meant to coordinate with other homeless funds such as Continuum of Care (CoC) funds

ESG CONTINUED

4 Categories of Homelessness based on CoC and ESG regulatory definitions:

- ▶ Category 1: Literally Homeless
- ▶ Category 2: Imminent Risk of Homelessness
- ▶ Category 3: Homeless Under Other Federal Statutes
- ▶ Category 4: Fleeing/Attempting to Flee Domestic Violence

ESG REGION 12 GOALS

- The Region 12 Charter adopted on 12/14/2012 included 11 goals
- Since then, these 11 goals have been consolidated to the following:
 - Support the availability of **public services**
 - Support **rapid re-housing**
 - Support the **coordinated entry** system
 - Support **re-entry**
- ▶ Homeless goals support the overall annual goals of the City of Evansville

ESG CONTINUED

- ▶ HEARTH Act stands for the Homeless Emergency and Rapid Transition to Housing Act of 2009.
- ▶ Emergency Solutions Grant (ESG) is authorized by the HEARTH Act.
- ▶ The current interim rule of the Emergency Solutions Grant took effect January 2012.
- ▶ ESG has very strict requirements. CDBG is a lot more flexible comparatively.
- ▶ Emergency Solutions Grant (ESG) program completely replaced the Emergency Shelter Grant program of the late 1970s. The current ESG is roughly equivalent to 60% of the old ESG.

Component	Serving:	
	Those who are Homeless	Those who are at risk of Homelessness
1. Street Outreach	√	
2. Emergency Shelter	√	
3. Homelessness Prevention*		√
4. Rapid Re-Housing	√	
5. Administration	√	√
Data Collection:		
6. Homeless Management Information System (HMIS) (provided by IHCD)	√	√

ESG ELIGIBLE ACTIVITIES

Details and instructions are located at 24 CFR 576 – Subpart B – Program Components and Eligible Activities (24 CFR 576.100 – 109)

* Defaults to Rapid Re-Housing

ESG CONTINUED

1. Street Outreach

Eligible Program Participants:

Unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility, meaning those who qualify under paragraph (1)(i) of the definition of “homeless”, which includes individuals and families with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or campground.

Overview of Eligible Activities:

Essential services* to eligible participants provided on the street or in parks, abandoned buildings, bus stations, campgrounds, and in other such settings where unsheltered persons are staying. Staff salaries related to carrying out street outreach activities are also eligible.

*Essential services must be included under the street outreach component in the interim rule to be eligible with ESG funds.

ESG CONTINUED

2. Emergency Shelter

Eligible Program Participants:

Categories 1-4 of the Homeless definition.

Eligible Activities:

- ▶ Essential services to persons in emergency shelters, renovating buildings to be used as emergency shelters, and operating emergency shelters.
- ▶ Staff costs related to carrying out emergency shelter activities
- ▶ Costs to operate and maintain emergency shelters and provide other emergency lodging when appropriate.

ESG funds may be used for day shelter if it meets the **definition of a shelter §576.2**

ESG CONTINUED

3. Homeless Prevention (no longer applicable)

4. Rapid Re-housing

Homeless Definition:

Categories 1-4 of the Homeless definition. Individuals and families must have an income at or below 30% AMI at annual re-evaluation.

Overview of Eligible Activities:

Short- and medium-term rental assistance and housing relocation and stabilization services. Eligible expenses may also include staff salaries related to carrying out rapid re-housing.

ESG CONTINUED

ESG Regulatory minimums and maximums:

- ▶ The City estimates approximately \$230,000 of ESG funds annually, based on prior allocations.
- ▶ **No more than** \$129,963 of the ESG amount may be allocated to Homeless Assistance (Street Outreach, Emergency Shelter)
- ▶ Rapid Re-Housing must receive an ESG allocation each grant year; this is usually the amount remaining after Homeless Assistance programs are allocated.
 - ▶ Up to 100% of ESG can be allocated to Rapid Re-Housing

ESG MATCH REQUIREMENTS

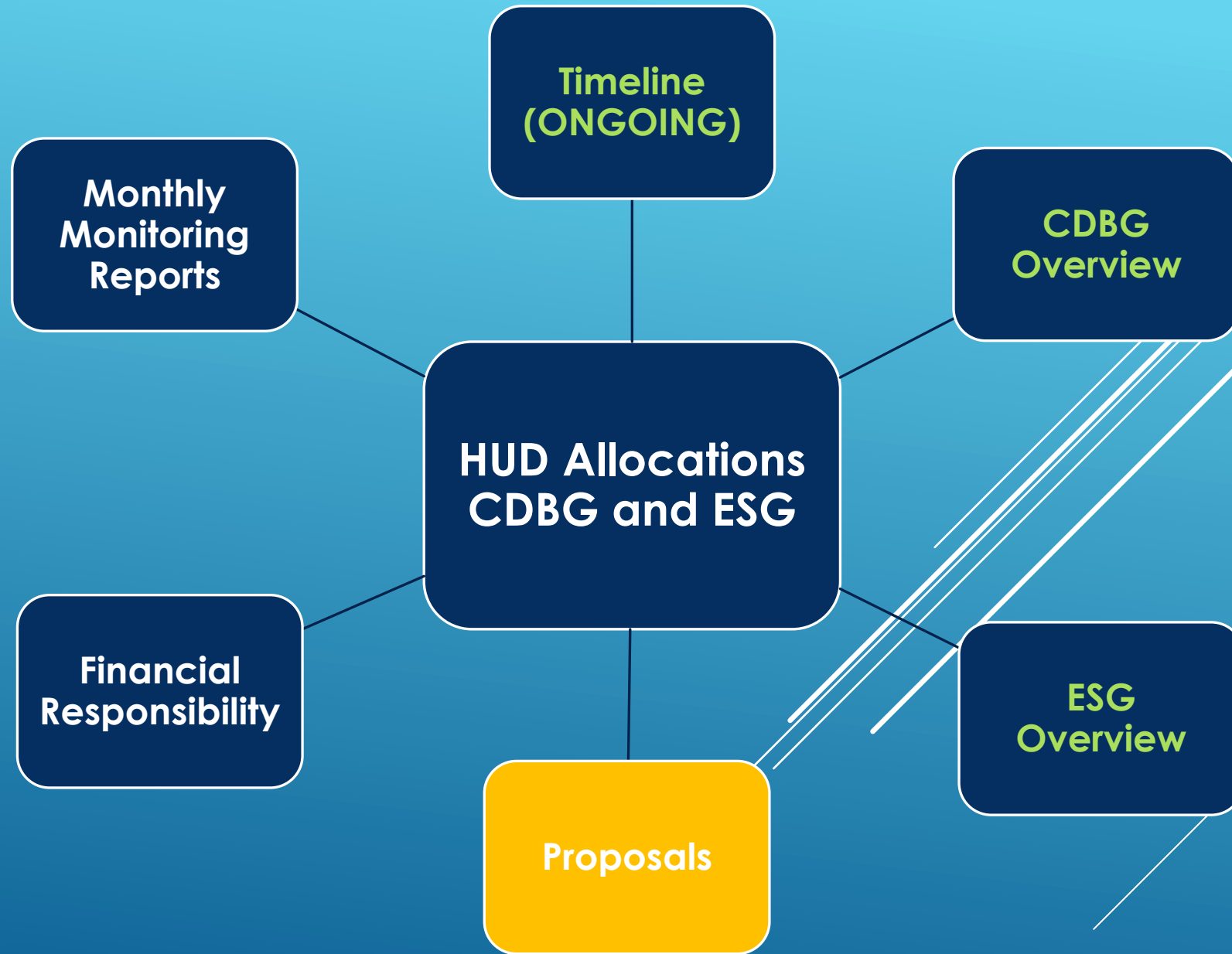
- Each ESG sub-recipient, must match funding provided with an **equal** amount of funds from other sources.
- Matching funds must be related to expenditures occurring after the date of grant award.
- Funds used to match a previous ESG grant may not be used to match a subsequent grant award.

ESG MATCH REQUIREMENTS CONT.

In general, matching funds provided may consist of:

- amount of funds from other sources;
- salary paid to staff (not included in the award) to carry out the project of Grantee;
- the value of any donated material or building, or of any lease, calculated using a reasonable method to establish a fair market value;
- time contributed by volunteers; and
- matching funds or voluntary efforts provided by any recipient or project sponsor.

24 CFR 576.201 contains match requirements



PROPOSALS

The 2025 CDBG and ESG proposal packets will be available on the City of Evansville, Community Development website by **July 1, 2024**, at the link below:

PROPOSALS:

Playing by the Rules a Handbook for CDBG Subrecipients

2024 CDBG ESG Grant Training Presentation

2024 Conflict of Interest Questionnaire

2024 CDBG Proposal Packet

- 2024 CDBG Proposal
- 2024 CDBG Verification Form

2024 ESG Proposal Packet

- 2024 ESG Proposal
- 2024 ESG Verification Form

2024 HOME Proposal Packet

- 2024 HOME Proposal
- 2024 HOME Verification Form

www.evansville.in.gov/cdfederalprograms

PROPOSAL SUMMARY

Both the CDBG and ESG Proposals are divided into **4 sections:**

1. General Information
2. Project Information
3. Financial Information
4. Affiliations and Board of Directors Information

PROPOSALS

Community Development Block Grant Proposal Form				
2024 Proposal Form				
Department of Metropolitan Development City of Evansville, Indiana				
General Information				
1. Applying Organization Information:				
Organization Name				
Organization Address		Phone Number	E-Mail	
City	State	Zip +4		
2. Contact Person Information: (This person will receive all notices concerning CDBG funds and must be able to answer questions regarding this proposal).				
Name (last, first)			Title	
Mailing Address			Phone	
City			E-mail	
State			DUNS#	
Zip +4			EIN#	
3. Is the applicant organization a 501(c) (3) or 501(c) (4)? If YES, submit IRS Determination Letter and Federal I.D. Number, and the State Entity Annual Report stating the applicant is currently a 501(c) (3) or (4).				
Yes	No	Pending		
3-a. Is your agency a Community Based Development Organization (CBDO)? If so provide most recent letter of certification.				
Yes	No			
4. Is your agency currently registered with System for Award Management (SAM)? (SAM.gov) Provide proof of current status with SAM				
Yes/UEI#	No			
5. How many years has this organization been in existence?				
5-a. How many years has this program been in existence?				
6. Program Name:				
6-a. Program Location: (Street Address, City, State, Zip)				
7. CDBG Amount Requested for this program:				\$
7-a. CDBG Percentage of total program costs:				%

Emergency Solutions Grant Proposal				
2024 Proposal Form				
Department of Metropolitan Development City of Evansville, Indiana				
General Information				
1. Applying Organization Information:				
Organization Name				
Organization Address		Phone Number	E-Mail	
City	State	Zip +4		
2. Contact Person Information: (This person will receive all notices concerning ESG funds and must be able to answer questions regarding this proposal).				
Name (last, first)			Title	
Mailing Address			Phone #	
City			E-mail	
State			DUNS#	
Zip+4			EIN#	
3. Is the applicant organization a 501(c) (3) or 501(c) (4)? If YES, submit IRS Determination Letter and Federal I.D. Number, and the State Entity Annual Report stating the applicant is currently a 501(c) (3) or (4).				
Yes	No	Pending		
3 a. Does your agency attend the Homeless Services Council of Southwest Indiana meetings at least 75% of the time? If NO, please explain below				
Yes	No			
4. Is your agency currently registered with System for Award Management (SAM)? Provide proof of current status with SAM				
Yes/UEI#	No			
5. Program Name:				
6. ESG Amount Requested for this project				\$
6 a. ESG Percentage of total program costs				%

PROPOSALS

Project Information			
8. Specific Use of Funds to CDBG Eligible Activities: (i.e. project operating costs, rent payments, etc.)			
9. Five Year Consolidated Plan Priority - Indicate the need and priority level:			
Abused & Neglected Children		Crime Awareness / Prevention	
Childcare		Youth Services	
Senior Services		Handicapped Services	
Substance Abuse Services		Nutritional & Healthcare Services	
Employment Training		Job Creation	
Homeownership Assistance (not direct)		Housing	
Housing Counseling Rehab		Other	
Priority Level:			
	Low	Medium	High
10. If your Project is operating in 2022, provide year to date, unduplicated, LMI individuals served. If this project is a NEW project, provide data for the 2022 project year.			
Total Served to Date:		Unduplicated Served:	
Low-moderate income individuals benefited to date:			
11. Project Summary - Briefly describe the proposed project:			
11-a How is income verification determined to qualify for participation in the program?			

Project Information			
7. How many years has this organization been in existence?			
7 a. How many years has this project been in existence?			
8. Specific Use of Funds for ESG Eligible Activities: (i.e. project operating costs, rent payments, etc.)			
9. ESG Priority Need and Level - Indicate the need and priority level (select one)			
Priority Needs	Priority Level - High		
	Homeless Assistance		
	Rapid Re-housing		
9 a. Is this project currently in HMIS?		Yes	No
10. Project Summary - Briefly describe the proposed project (see worksheet for details):			
10-a How is homeless verification determined to qualify for participation in the program?			

PROPOSALS

Sources = Uses!

Financial continued						
21. ESG Sources Statement						
SOURCES						
Source	2022 Amounts	2023 Amounts	Pending?	Date Applied	Secured (yes or no)	Date Secured
ESG						
United Way						
Membership Dues						
State Government						
Fund-Raising/Donations Documentation required						
Grants Documentation required						
Other						
Total (s)						
22. ESG Uses Statement						
USES						
DO NOT CHANGE LISTED ITEMS BELOW	2022 ESG BUDGET	2023 ESG BUDGET REQUEST	2023 TOTAL PROJECT BUDGET			
Added items must be approved by DMD						
Salaries Full Time / Part Time						
FICA / Insurance / Benefits (employee)						
Insurance (attach hard copy of policy)						
Printing and Postage						
Supplies and Materials						
Rent						
Utilities						
Travel / Training						
Mileage						
Maintenance / Repair						
Professional / Contractual Services						
Direct Subsidy (requires DMD approval)						
Developers Fee						
Other Full Budget Expenses:						
Total (s)						
<p>The ESG 2022 line total on the SOURCES table should match the 2022 ESG column total on the USES table. The ESG 2023 line total on the SOURCES table should match the 2023 ESG column total on the USES table. The 2023 cell total on the SOURCES table should match the 2023 Total Project Budget column total on the USES table.</p>						

PROPOSALS

- ▶ There are several additional documents included with grant proposals
 - ▶ Verification Page – Original signature required
 - ▶ Conflict of Interest Questionnaire – complete one for each program submitted

ALL DOCUMENTS LISTED ABOVE WILL BE AVAILABLE ON THE CITY WEBSITE AS OF JULY 1, 2023

PROPOSALS

PROPOSAL NUMBER	
AGENCY NAME	
PROJECT NAME	



2024 CDBG PROPOSAL VERIFICATION

Agency Name	Project Name

I hereby affirm and certify that the information and representations of fact made in this proposal are true and complete.

Signature	Date

Print Signature

FOR ADMIN USE ONLY

Witness By (signature)

Witness By (print)

Agency/Applicant: _____

Project: _____

CONFLICT OF INTEREST QUESTIONNAIRE

- 1) Is there any member(s) of the applicant agency's staff, board of directors, or governing body who is currently or has been within one year of the date of this application an employee, consultant, or City Councilperson for the City of Evansville? Yes No

If yes, please list name(s), job title and/or role below:

- 2) Will the requested funds be used to award a subcontract or any other financial assistance to any individual or business affiliate who is currently or within one year of the date of this application an employee, consultant, or City Councilperson for the City of Evansville or the applicant agency? Yes No

If yes, please list name(s), job title, and/or role below:

- 3) Will the requested funds be used to award a subcontract or any other financial assistance to any individual or business affiliate who is an immediate family member of an employee, consultant, or City Councilperson for the City of Evansville or the applicant agency? Yes No

If yes, please list name(s), job title, and/or role below:

- 4) Based on the information provided herein, does the applicant foresee any other potential or perceived conflict of interest? Yes No

If yes, please explain:

Signature: _____

Date: _____

CONFLICT OF INTEREST

CDBG; § 570.611
ESG; § 576.404
HOME; § 92.356

- Conflicts of Interest occur when a federal grant subrecipient:
 - directly or indirectly benefits financially or otherwise by the activities carried out using grant funds.
 - participates in the decision-making (allocation) process and may obtain financial interest or benefit from an activity, have a financial interest in any contract, subcontract, or agreement, either for themselves or immediate family member or business ties.
- Conflicts exist both during tenure and for one-year after.
- Conflict of Interest Provisions **vary by funding source**. Your CD Specialist will further discuss these standards in the proposal review stage. However, it is each agency's responsibility to properly report potential conflicts to DMD.

SUMMARY OF REQUIRED ATTACHMENTS

- ▶ Current 501 C (3) or 501 C (4) Documents
- ▶ CBDO Certification letter (if applicable)
- ▶ Most recent Audit report
- ▶ Resumes, etc....
- ▶ Current MOU's (if applicable)
- ▶ Complete List of Board Members
- ▶ Policy and Procedures for Board Member participation
- ▶ Conflict of Interest Statement

PROPOSAL SUBMITTAL PROCESS

1. Attendance at proposal training session is mandatory
2. Proposals available on City website by July 1st www.evansville.in.gov/cdfederalprograms
3. Complete an initial draft of the proposal(s) and schedule review appointment with assigned CD Specialist
4. After review appointment with CD Specialist, make edits as needed
 - ▶ Submit editable Word format ONLY copy of proposal via email to CD Specialist
 - ▶ Include all supporting documentation as required with final proposal.
5. Deliver final, signed copy of proposal with \$20.00 fee (checks required, no cash or personal checks) for each proposal submitted to DMD, Room 306 Civic Center Complex by 4:00 pm on August 9th
 - ▶ Checks to be made out to the Department of Metropolitan Development (please include a description in memo line)
 - ▶ **Application fee is NOT reimbursable**

JULY-AUG 2024

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
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2025 CDBG/ESG PROPOSALS AVAILABLE

FINAL DATE FOR PROPOSAL REVIEW WITH CD STAFF

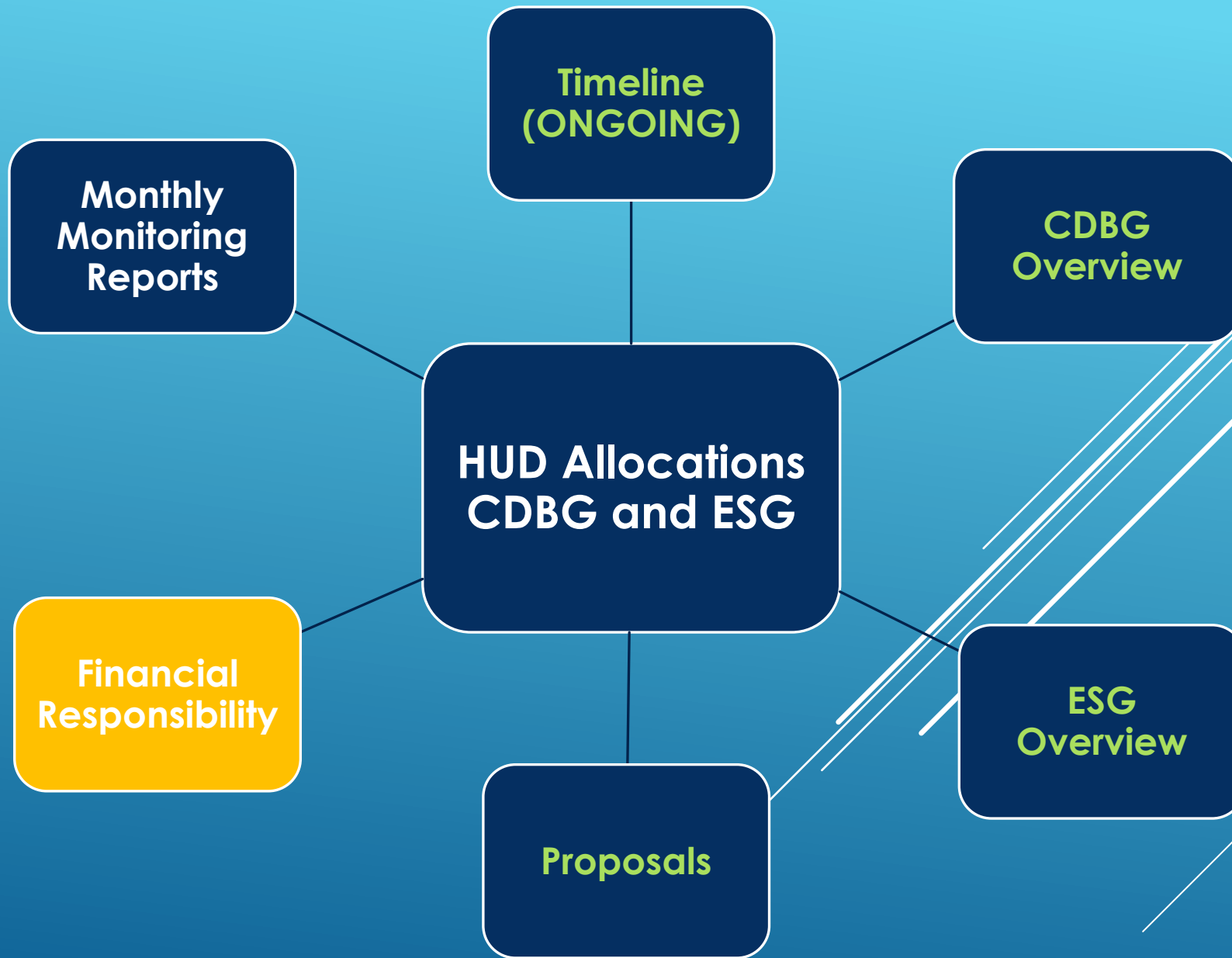
2025 PROPOSALS DUE

Up Next: Financial Responsibility

Presented by DMD Finance Officer (FO) Adam Moore

Agency Packet:

- ✓ Welcome Letter
- ✓ Playing by the Rules Handbook for CDBG Subrecipients
- ✓ SAM Information
- ✓ Vendor Registration Information
- ✓ Claim Reimbursement Information



Financial Responsibility

- ❖ Introduction
- ❖ Overview
- ❖ Vendor Self-Service
- ❖ SAM Registration
- ❖ Claims process
 - Example of claim packet
 - Common issues with claim submissions
- ❖ Monthly monitoring reports
- ❖ Timeliness
- ❖ Reconciliation responsibilities
- ❖ Audits
- ❖ Wrap-up

Introduction

❖ Adam Moore, Finance Officer

812-436-7807

amoore@evansville.in.gov

Overview

The City of Evansville (COE), the Department of Metropolitan Development (DMD)....

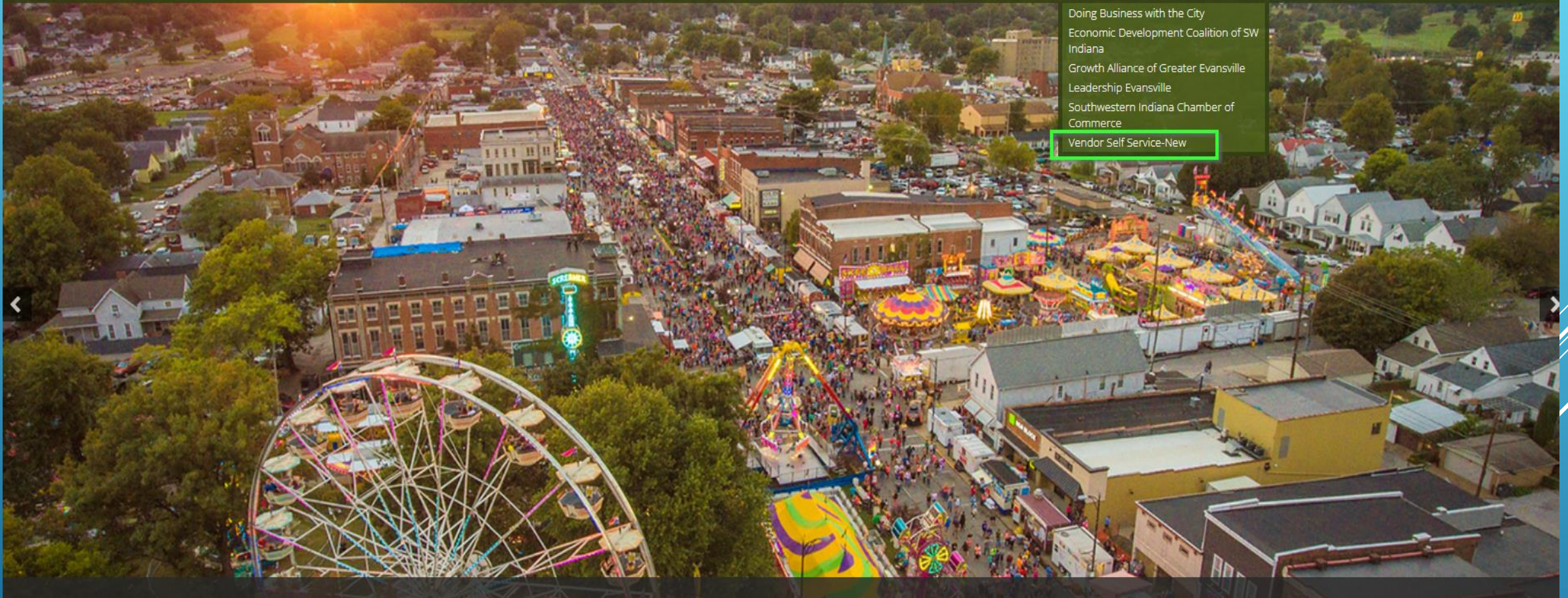
- ❖ ...follows Indiana State Board of Accounts guidelines for accounts payable processing.
- ❖ ...its agencies and sub-recipients, must comply with the Office of Management and Budget Guidance (Code of Federal Regulations) 2 CFR Part 200, the "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards."
- ❖ ...and HUD expects that subrecipients will comply with all applicable Federal requirements, document their performance, and follow effective accounting and management practices.

Simply stated, federal and state requirements specify how DMD can disburse these funds. DMD and all sub-recipients of these funds are required to follow these regulations.

Vendor Self-Service

- ❖ Every grant recipient must have an active Vendor Self Service Account with the City of Evansville
- ❖ If you are already set up, please log in and make sure your account information is accurate
- ❖ Vendor Self Service Set-up
- ❖ IRS Form W-9
- ❖ Conflict of Interest Form
- ❖ Required documents must be uploaded to Vendor Self-Service

- Doing Business with the City
- Economic Development Coalition of SW Indiana
- Growth Alliance of Greater Evansville
- Leadership Evansville
- Southwestern Indiana Chamber of Commerce
- Vendor Self Service-New**



Welcome to Vendor Self Service

Home

Vendor Self Service

Log in or register as a user to begin using Vendor Self Service

Log In / Register

In order to serve you, the City of Evansville has developed a vendor self-service site that will allow you to register as a vendor and obtain information about your City/County accounts.

*****CUSTOMERS AND VENDORS WITH ACCOUNTS AND WHO LOGIN, PRIOR TO THE UPGRADE, WILL BE REQUIRED TO RE-REGISTER THEIR ACCOUNT. PLEASE MAKE SURE TO USE THE SAME EMAIL ADDRESS USED TO CREATE YOUR ACCOUNT*****

All vendors are required to register. The registration site will guide you through the completion of your company profile that will be used to manage your account in the future. Click on "Registration" on the left side of this screen; current vendors can access by clicking the arrow at the top right.

A W-9 and Conflict Of Interest form are required to become active and can be found at the following link: <http://www.irs.gov/pub/irs-pdf/fw9.pdf> and [Conflict Of Interest](#). Please attach the completed form and other any certificates to your profile page. Any registration that does not have a completed W-9 attached will not be activated. After 60 days a registration without a W-9 will be deleted from the system.

If you ar

Reply Reply All Forward IM

Tue 6/13/2023 12:21 PM



Community Access Identity <noreply@identity.tylerportico.com>

Welcome to your Community Access account

To Smith, Lisa

If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Phish Alert

+ Get more actions

Welcome to your Community Access account!

Your organization uses Community Access and Tyler Technologies to manage access to applications which serve citizens.

Community Access provides access to all of your citizen applications and connects you to other public applications within Tyler Technology's ecosystem.



[Learn more about Community Access.](#)

To verify your email address and activate your account, please click the following link:

[Activate account](#)

Vendor Information - General Information and Terms

General Information and Terms: Make Changes

 Your profile is missing required information. Please update where required. 

Company Information

Company Name*

LISA SMITH

Line 2 (OPTIONAL)

Line 3 (OPTIONAL)

Line 4 (OPTIONAL)

Doing business as (if different from above)

Vendor Type

EMPLOYEE

- Foreign Entity
- Send Accounts Payable checks to the above address
- Send Purchase Orders to the above address

*EMAIL

LISMITH@EVANSVILLE.IN.GOV

Website

DUNS

Vendor Address

*Address

DMD

Line 2 (OPTIONAL)

Line 3 (OPTIONAL)

Line 4 (OPTIONAL)

City *

State *

N/A

Zip Code *

County

Country

Geographic

Select Type...

Fax Number

812436-7809

Minority Business Enterprise
Classifications
(select all that apply)

General

Welcome to Vendor Self Service

Vendor Self Service

Vendor Information

Profile information

LISA C SMITH

EMPLOYEE

Phone: 812-436-7807

Text: 812-449-7767

LISMITH@EVANSVILLE.IN.GOV

Vendor information

LISA SMITH

DMD

LISMITH@EVANSVILLE.IN.GOV

Announcements

In order to serve you, the City of Evansville has developed a vendor self-service site that will allow you to register as a vendor and obtain information about your City/County accounts.

******CUSTOMERS AND VENDORS WITH ACCOUNTS AND WHO LOGIN, PRIOR TO THE UPGRADE, WILL BE REQUIRED TO RE-REGISTER THEIR ACCOUNT. PLEASE MAKE SURE TO USE THE SAME EMAIL ADDRESS USED TO CREATE YOUR ACCOUNT******

All vendors are required to register. The registration site will guide you through the completion of your company profile that will be used to manage your account in the future. Click on "Registration" on the left side of this screen; current vendors can access by clicking the arrow at the top right.

A W-9 and Conflict Of Interest form are required to become active and can be found at the following link: <http://www.irs.gov/pub/irs-pdf/fw9.pdf> and [Conflict Of Interest](#). Please attach the completed form and other any certificates to your profile page. Any registration that does not have a completed W-9 attached will not be activated. After 60 days a registration without a W-9 will be deleted from the system.

If you ar

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
2 Business name/disregarded entity name, if different from above			
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____		Exempt payee code (if any) _____	
<input type="checkbox"/> Other (see instructions) ▶ _____		Exemption from FATCA reporting code (if any) _____	
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)	
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
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OR												
Employer identification number												
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

CONFLICT OF INTEREST / FAMILIAL DISCLOSURE FORM

ALL VENDORS must complete this Conflict of Interest Familial Disclosure Form and must attach the completed form to the bid.

As the bidder, I affirm that no principal, representative, agent, employee, contractor or potential subcontractors, or other acting on behalf of or legally capable of acting on the behalf of the bidder (a "Bidder Party"), is currently an employee of the City of Evansville ("City"), any City department or a member of any City Board or Council; nor will any such person connected to the bidder be privy to any City information which may constitute a conflict of interest; or, if such a conflict or relationship does exist, I have disclosed the nature of the relationship or conflict below.

By the attached sworn and notarized statement we are disclosing the following familial relationship(s) that exists between a Bidder Party and any employee or member of any City Department or board.

As the bidder, I understand that completing this form and self-disclosing potential conflicts of interest does not necessarily disqualify a bidder, but aids in identifying conflicts of interests which must be addressed pursuant to I.C. 35-44.1-1 et al. Further, the City will insure that any individuals identified with a potential conflict will not be allowed to participate in the scoring or evaluation of the bid packages, to insure the integrity of the bid process.

The following is a list of individuals who may pose a potential conflict of interest as described above. Please provide the name, relationship with the City and the nature of the potential conflict, or if applicable: "NONE":

Signature: _____ Title: _____

Vendor Name: _____

Attachments

Attachments can be added to your account. Use the following **Attach** buttons to select the documents to add. Once the documents have been selected, press the **Upload** button.

Vendor Self Service

Vendor Information

Attachments

Commodities

Attachment Type	Description	Required	Attachments	
General	Documents are not assigned to a type		(0)	Attach
default	Vendor Attachment		(0)	Attach

SAM Registration

- ❖ A SAM Registration is required for any contractor, organization, or individual desiring to do business with the government. With this registration, you are allowed to bid on government contracts and apply for federal assistance.
- ❖ Registration must be renewed yearly for it to remain active.

SAM Registration

- ❖ Reimbursement will not be approved if SAM registration is inactive.
- ❖ Upon registration, you will be assigned a Unique Entity ID number (UEI). This UEI number is now used in place of the DUNS Number. This UEI number will now be required for all contracts with The City of Evansville.
- ❖ When registering, make sure that you mark your information “for public display”; this public display will not include any private account information. If this option is not checked, we cannot verify your eligibility and it may not be visible to others looking for registered contractors.

Claims Process

- ❖ As part of the proposal process, an agency must submit a budget for approval. Budgets must contain the anticipated amount and type of expense requested for reimbursement. Please be specific.
- ❖ Once your budget is approved you will receive a notice to proceed, a purchase order, and an operating agency invoice template. You may begin submitting claims for expenses incurred during the new contract period starting 7/1/2024 – 6/30/2025.
- ❖ Unbudgeted expenses included in a submitted claim will not be paid until a revised budget is submitted and approved by DMD.

Claims process handout

HOW TO SUBMIT INVOICES FOR REIMBURSEMENT

To the Department of Metropolitan Development
812-436-7823

Overview: In order to receive awarded grant funds, grant recipients must submit claims or "invoices" to The City of Evansville (COE) via The Department of Metropolitan Development (DMD) for reimbursement. HUD grants awarded are Reimbursable Grants; which means that proof of agency expenditure is required before reimbursement. COE, DMD, its agencies, and subrecipients must all comply with 2 CFR 200, the "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards". Simply stated, Federal and State requirements are in place that specify how we can disburse these grant funds. It is **expected** that all subrecipients will comply with all applicable Federal Requirements, document their performance, and follow effective accounting and management practices. DMD and all Subrecipients or Agencies are subject to audits and if errors or findings are found (ex. insufficient documentation, math errors, ineligible expenses) HUD may request the grant funds be returned. For these reasons, we ask that **ALL Agencies strictly adhere to the following instructions when submitting invoices for reimbursement.**

Submitting an Invoice: Invoices are paid on a reimbursement basis. Agencies must show proof of paid expense in order to be reimbursed. Each invoice submitted will be required to have four (4) sections; however, additional information may be required based on type of program. The sections are submitted in this order:

1. **Copy of Agency Purchase Order** issued by the COE
2. **Operating Agency Invoice Form** must be correctly filled out and be signed and dated by the agency representative
3. **Supporting documentation** should include a Summary Sheet (that the agency prepares), invoice copies, receipts, time cards, and payroll reports with the items for reimbursement marked with an assigned identifier and amounts **highlighted**
4. **Copies of cancelled checks** (front and back) **or proof of ACH payment** verifying that the expenses have cleared the Agency's bank account. If credit card was used in place of a check, please provide credit card statement and proof of payment

Helpful Hints:

- ❖ Agencies must submit **Monthly Monitoring Reports (MMR)** monthly with their claim submissions in order to fulfil grant contract requirements.
- ❖ Agencies are to submit invoices on the 15th day of each month.
- ❖ When requesting reimbursement for mileage, a mileage log with beginning and ending figures, total of miles driven, destination, and purpose of trip is **required**.
- ❖ It is important that the information be submitted in a legible and concise order that matches the order of the Operating Agency Invoice Form.
- ❖ Only **single-sided** documents will be accepted.
- ❖ REMEMBER: Incorrect or incomplete submissions will delay your reimbursement.

- ❖ All claims are to be **HAND-DELIVERED OR MAILED VIA USPS** to the following address:

Department of Metropolitan Development
1 NW Martin Luther King Jr. Blvd, Room 308
Evansville, IN 47708-1889

- ❖ **DO NOT** submit invoices directly to your CD Specialist. All invoices are to be submitted to the DMD Front Desk for Received Date Stamping.
- ❖ If invoices are missing documents or are incomplete, the agency will be contacted for corrections/resubmissions.
- ❖ Resubmissions, whether to correct the Operating Agency Invoice Form or to add requested source documentation, must be received by the Community Development Staff in a timely manner. If thirty (30) days or more have passed since the request for additional information, the Agency will be asked to resubmit a completely NEW Invoice.
- ❖ Email or digital submissions of Invoices are not accepted. ***Exception:** requested resubmission documents. CD staff will notify agency if digital format is accepted.
- ❖ The Grant Year starts on **July 1st** no matter when Federal Funds are received. Invoices for services (not construction) can be submitted immediately after you receive the Notice to Proceed and Purchase Order.
- ❖ **DO NOT** staple your documents prior to submission. We digitize all claims.
- ❖ Invoices are public records. Please redact all social security numbers, birthdates, and bank account numbers.
- ❖ Copies must be legible and the entire document is visible on the copy.
- ❖ Ineligible Expenses:
 - a. Application Fees, past due amounts, late fees and finance charges
 - b. Taxes for non-profits with the exception of payroll taxes and hotel taxes
 - c. Gifts, refreshments, etc. for staff and volunteers
 - d. No duplication of services-the same expense cannot be claimed against more than one grant
- ❖ When more than one program is provided through an agency, all expenses must be prorated between the programs. (ex. Rent, utilities, supplies) Each program will only be reimbursed for a portion of the total overhead expenses.
- ❖ **WHEN IN DOUBT, CONTACT YOUR COMMUNITY DEVELOPMENT SPECIALIST (CDS)!**
- ❖ New HUD guidance and a continuous review of internal policies and procedures may cause claim procedures to change at any given time.

Financial Contact/Agency Representative _____ Title _____ Date _____

Agency _____

Example of Purchase Order



Bill To
 657
 DEPARTMENT METRO DEVELOPMENT
 1 NW ML KING JR BLVD
 ROOM 306
 EVANSVILLE, IN 47708

Purchase Order

Fiscal Year 2021 Page: 1 of 1

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES AND SHIPPING PAPERS.

Purchase Order# **20215724**

Delivery must be made within doors of specified destination.

Vendor
 BOYS & GIRLS CLUB OF EVANSVILLE
 INC
 P.O. BOX 6311
 EVANSVILLE, IN 47719-0311

Ship To
 DEPARTMENT METRO DEVELOPMENT
 1 NW ML KING JR BLVD
 ROOM 306
 EVANSVILLE, IN 47708
 Phone: 812-436-7823
 Fax: 812-436-7809

VENDOR PHONE NUMBER	VENDOR FAX NUMBER	REQUISITION NUMBER	DELIVERY REFERENCE
425-2311		20216282	
DATE ORDERED	VENDOR NUMBER	DATE REQUIRED	FREIGHT METHOD/TERMS
11/10/2021	389		
DEPARTMENT/LOCATION			
DMD/METRO DEVELOPMENT			

NOTES

The Above Purchase Order Number Must Appear On All Correspondence - Packing Sheets And Bills Of Lading

ITEM #	DESCRIPTION / PART #	QTY	UOM	UNIT PRICE	EXTENDED PRICE
1	4826-BOYS & GIRLS CLUB-FULTON SQUARE 22267220 - 439050	1.0	EACH	\$17,400.00	\$17,400.00

This Order Issued in Compliance With the Laws of the State of Indiana.

Russell D. Helf
 Authorized Signature

PURCHASING COPY

Total Ext. Price	\$17,400.00
Total Sales Tax	\$0.00
Total Freight	\$0.00
Total Discount	\$0.00
Total Credit	\$0.00
Purchase Order Total	\$17,400.00

Example 1

OPERATING AGENCY INVOICE FORM (2022)

AGENCY INVOICE NUMBER: -

AGENCY NAME: ABC Company

PROJECT NAME: 123 Project

AGENCY ADDRESS: 1300 Somewhere Ave. Evansville, IN 47715

ACCOUNT NUMBER: 22267205-439050

PURCHASE ORDER NUMBER: 20221230

First 2 digits of the agency invoice # are the last 2 digits of the contract year. The middle group of numbers are the agency's account # assigned by CD Staff. The final 2 digits are assigned by the agency as a unique # to each invoice.

Provided by CD Specialist

Provided by CD Specialist

Example of Operating Agency Invoice Form

DESCRIPTION OF GOODS/SERVICES	COSTS
Salaries - Full & Part Time	
FICA / Insurance / Benefits (Employee)	
Insurance (building / liability)	
Supplies / Materials	
Postage, Printing, & Publication	
Rent	
Utilities	
Travel / Training	
Mileage	
Maintenance / Repair	
Professional / Contractual Services	
Subscriptions / Dues	
Direct Subsidy (requires DMD approval)	
Acquisition	
Construction, Rehabilitation, or Reconstruction	
Developer's Fee	
Other (Requires DMD Approval)	
TOTAL	

Pursuant to the provisions and penalties of Chapter 155, Acts of 1953, State of Indiana, I hereby certify that the foregoing Invoice Summary Form is true and correct; that the said City has received the full value and the exact consideration therein named; that the prices therein charged are in accordance with the contract or statute; that the said claim or any part thereof has not been paid for commuted, and that neither bonus, commission, or any other consideration has been given or promised within my knowledge or belief, because of the proposed exchange of values set forth, or for any other reason.

Signature _____

Title _____

Invoice Date _____

These sections to be completed by Subrecipient/Agency

For DMD office use only
 Signature _____ Date _____
 Title **Community Development Specialist**

NOTICE DUE DATE

Please return this form to: DMD, 1 NW MLK Blvd, Room 306, Evansville, IN 47708
DUE BY THE 15TH DAY OF EVERY MONTH

Summary sheet

A summary sheet is a spreadsheet that the agency prepares with a breakdown of all expenses with check numbers. The summary sheet should include original invoice amounts and the amount being claimed. It must be organized in the same order as the line items on the Operating Agency Invoice Form.

- ❖ Please assign an assigned identifier to each expense and record that number on the supporting docs including vendor invoice, and check copies. (see following examples).
- ❖ For salaries, show the total hours worked for the pay period (including any non-program hours) and total program hours claimed with the hourly wage for claimed hours per employee. (see following examples); also marked with the assigned identifier.

Expense summary sheet example

CDBG Detail of Expenses

Very Important



Purchase Order: 20225438
 Invoice: 20-22267204-001
 Claim covers period from: 7/1/2022 TO 6/30/2023

Date	Check Number	Budget Category	Payee	Description	Total Amount of Invoice	Claim Amount	Total Grant Amt Claimed to Date	Assigned Identifier
8/10/2022	5400	Supplies/Materials	CRS One Source	Program Supplies	\$ 5,000.00	\$ 2,592.56	\$ 6,592.56	A
8/15/2022	5618	Supplies/Materials	Walmart	Program Supplies	\$ 500.00	\$ 250.00	\$ 700.00	B

Total:	\$ 5,500.00	\$ 2,842.56	\$ 7,292.56
--------	-------------	-------------	-------------

Salary summary sheet

CDBG Detail of Salaries & Wages

Purchase Order: 20235438

Invoice: 20-22267204-02

Claim covers salaries for
the period: 7/1/2023 TO 6/30/2024

VERY IMPORTANT



Week Ending Date	Check #	Title/ Position	Employee Name	Total Number of Hours Worked	Eligible Program Hours	Hourly Wage	Current Amount Claimed	Amount Claimed To Date	Assigned Identifier
7/8/2023	4251	Finance Officer	Smith, Lisa C	40	20	\$20.00	\$400.00	\$800.00	A
7/8/2023	4252	Deputy Ex Director	Reel, Jane	40	10	\$25.00	\$250.00	\$500.00	B
7/8/2023	4253	CD Coordinator	Jackson, Kolbi	40	23	\$23.00	\$529.00	\$1,058.00	C
7/22/2023	4356	Finance Officer	Smith, Lisa C	40	20	\$20.00	\$400.00	\$800.00	D
7/22/2023	4357	Deputy Ex Director	Reel, Jane	40	10	\$25.00	\$250.00	\$500.00	E
7/22/2023	4358	CD Coordinator	Jackson, Kolbi	40	23	\$23.00	\$529.00	\$1,058.00	F
TOTAL CLAIMED							\$2,358.00	\$4,716.00	

Source documentation for expenses

- ❖ Vendor invoices & receipts must include:
 - a. Date of invoice
 - b. Date of service
 - c. Total invoice amount
 - d. Amount claimed,
 - e. Assigned identifier-clearly marked

Kingery & Associates, Inc.
1347 Hwy 1
PO Box 428

Invoice

Date	Invoice #
1/26/2022	32132

Bill To

[Redacted]

Ship To

[Redacted]

P.O. Number	Terms	Due Date	Rep	Via	F.O.B.	
	Net 15	2/10/2022	RGK		DELIVERED	
Quantity	Item Code	Description		U/M	Price Each	Amount
77	002	12/15.5 SALSA		CS	7.20	554.40
44	005	12/24 PASTA SAUCE		CS	7.20	316.80
51	003	24/14.5 STEWED TOMATOES		CS	7.20	367.20
340	001	24/15 TOMATO SAUCE		CS	7.20	2,448.00
340	004	24/14.5 WHOLE PEELED TOMATOES		CS	6.60	2,244.00
595	005	24/14.5 DICED TOMATOES		CS	6.60	3,927.00
Total					\$9,857.40	

Phone #	Fax #	E-mail
6183823347	(618) 382-3950	tsisco@grocerytraders.com

[Handwritten Signature]

\$9,857.40
~~(6,057.40)~~
 \$3,800.00

A

OLD NATIONAL BANK
EVANSVILLE, IN 47706
71-1963
18249

PAY: ****Nine Thousand Eight Hundred Fifty Seven US dollars and 40/100

TO THE ORDER OF: Kingery & Associates, Inc.
1347 Highway 1
PO Box 428
Carmi, IL 62821

DATE: February 10, 2022
AMOUNT: \$9,857.40

[Redacted]

For Deposit Only
 Kingery & Associates, Inc.
 1347 Highway 1
 PO Box 428
 Carmi, IL 62821

2222 015801229922 08123027 986 8138

[Redacted]

A

Example of vendor invoice with canceled check

Payroll source documentation

Two payroll documents are required:

1. Timecards must:
 - a. Be signed by employee and supervisor (HUD requirement)
 - b. Show total time worked
 - c. Provide additional time tracking documentation for any employee who works on multiple programs.
2. Payroll journals and reports must show:
 - a. Employee hourly amount
 - B. Pay periods
 - c. Pay dates
 - D. Check number or ACH transaction number

Example of payroll claim submission

Direct Deposit Preview - Direct Deposit Preview - Direct Deposit Preview - Direct Deposit Preview - Direct Deposit Preview - Direct Deposit Preview

Boys & Girls Club of Evansville, Inc
 700 Bellemeade Ave
 PO Box 6311
 EVANSVILLE, IN 47713
 (812) 425-2311

Voucher Date: 4/8/2022 12:00:00AM
 Voucher Number: 5516

Direct Deposit Advice

*** This is not a check ***

Direct Deposit Voucher: 0387 1211 04/09/22 5516

Direct Deposit Amount: [REDACTED]

Direct Deposit Preview - Direct Deposit Preview - Direct Deposit Preview - Direct Deposit Preview - Direct Deposit Preview - Direct Deposit Preview

Jonathan S. Roland April 08, 2022 5516

Emp Id	[REDACTED]	Loc	200-1	Period Begin	03/21/22	Net Pay	[REDACTED]
SSN	[REDACTED]	Hire Date	02/23/16	Period End	04/03/22	Dir Dep	[REDACTED]
		Status	A	Check Type	Reg		

Earnings Summary

Total Gross Pay	[REDACTED]	Amt	
Regular	[REDACTED]	112	
Taxes			
Federal Income Tax	S-0	1,346.16	133.56
OASDI		1,346.16	83.46
Medicare		1,346.16	19.52
Indiana SITW		0.00	0.00
Kentucky SITW	S	1,346.16	61.98
Vanderburgh, IN (Non)		1,346.16	16.15
		314.67	2,147.20

Payment Summary for Voucher 5516

Total Gross Pay	[REDACTED]
Federal Taxes	-236.54
State and Local Taxes	-78.13
Other Deductions	-25.00
Net Pay	[REDACTED]
Direct Deposits	[REDACTED]
Net Check	[REDACTED]

50 hrs.
w/ clients
+ 841.00

Other Deductions from Pay

Roth Deduction	Current Amt	Ytd Amt
	25.00	175.00
	25.00	175.00

Direct Deposits

Bank: Independence Bank of [REDACTED]

Additional Information

Time Off Balances

A

Proof of Funds Expended

- ❖ *Copies of canceled checks front and back.*

OR

- ❖ *Copy of bank statement - including 1st page with agency name legible. Cancelled check or ACH withdrawal highlighted.*
- ❖ *If the expense is paid by credit card, a copy of the credit card statement and canceled check paying credit card bill are required.*
- ❖ *Please label the check or ACH entry with the assigned identifier.*

**Redact any non-public information: Social Security numbers, date of birth, addresses of employees, etc.*

Common issues with claim submissions

- ❖ Insufficient Monthly Monitoring Reports (MMR) to back up claim submissions. We must have a record of grant accomplishments to pay claims.
- ❖ Documentation is insufficient for approval. Please make sure all source documentation for eligible expenses is included in the submission. (ex. PO, agency inv, vendor inv, payroll reports and timecards, canceled checks, credit card statements with proof of payment, and bank statements).
- ❖ Ineligible expenses claimed. Only items listed in your submitted and approved budget are eligible for reimbursement. Application fees, late fees, finance charges, and sales taxes for non-profits are not eligible for reimbursement.
- ❖ Confidential information not redacted– ex. birthdates, Social Security numbers, employee addresses, & bank account numbers.

Common issues with claim submissions

- ❖ Documentation not in a logical order based on the operating agency invoice form and summary sheet. All source documents must be in the order of summary sheets so that they can be quickly and easily verified by multiple people as the claim packet moves through the approval process.
- ❖ Claim submissions are double-sided. Please submit single-sided documents only.
- ❖ Claim submissions arrive stapled. Please do not staple documents; all documents are digitized before processing.

Monthly Monitoring Reports (MMR)

- ❖ Monthly Monitoring Reports are critical in the grant award process.
- ❖ To comply with HUD regulations, CD staff must input all collected monitoring data in the Integrated Disbursement and Information System (IDIS) from the Monthly Monitoring Reports received.
- ❖ Future grant award amounts are affected by the information entered in IDIS.

Timeliness

- ❖ 60 days prior to the end of each program year, the total CDBG funds available must be less than 1.5 times the current year grant amount.
- ❖ Priority will be given to sub-recipients that have been timely.
- ❖ All activities proposed should be accomplished in 1 year.
- ❖ Proposals must be specific and include a timeline.
- ❖ Claim submissions should include all required documentation and be accurate to reduce processing time, claims should be submitted monthly.

Reconciliation responsibilities

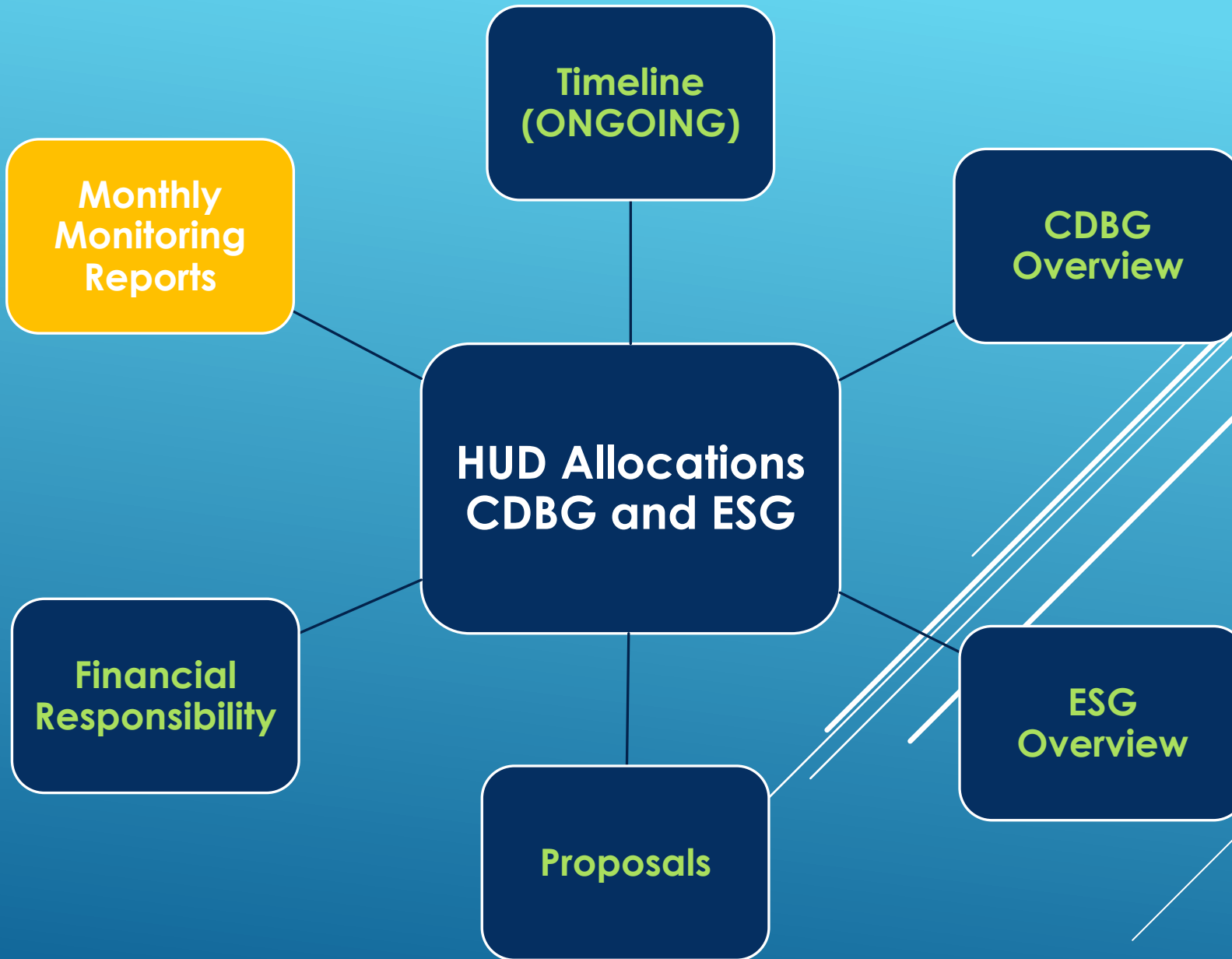
- ❖ Agencies must maintain spreadsheets that reconcile all grant activities, updated upon each invoice submission.
- ❖ This should include an accounting of the amount of funds granted, the amount of funds claimed, and the remaining balance of grant funds available to claim.

Audit Requirements

- ❖ All non-federal entities that expend \$750,000 or more of federal funds annually are required to obtain an annual audit.
- ❖ Grantees & sub-recipients must adhere to Omni Circular Part 200 Subpart F – Audit Requirements.
- ❖ When any audit is performed, a copy of said audit must be sent to your CD Specialist upon completion.
- ❖ Please advise your auditor of these requirements.

Conclusion

- ❖ Additional review of the claims submissions processes can be available when contracts are signed. Please let CD staff know if you need to take advantage of this opportunity.
- ❖ When in doubt contact your Community Development Specialist.
- ❖ New HUD guidance and a continuous review of internal policies may cause claim procedures to change at any given time.
- ❖ Adam Moore – Finance Officer
Email: amoore@evansville.in.gov
Phone: 812-436-7807



MONTHLY MONITORING REPORTS

CDBG MONITORING REPORTS - **DUE MONTHLY!**

HMIS or Charity Tracker may be used, when applicable

There are (3) versions of the CDBG Monthly Monitoring Report which will be provided once the project has been funded.

- Limited clientele – Presumed Category Data

- Limited clientele – Client Income Data

- Limited clientele – Nature and Location

PRESUMED CATEGORY MONITORING REPORTS

The Monthly Monitoring Report for Presumed Category programs contains tracking information as defined by HUD.

HUD Defined Presumed Category	Monthly	Yearly
Abused Children		
Battered Spouses		
Disabled Adults		
Homeless Persons		
Illiterate Adults		
Persons with AIDS		
Migrant Farm Workers		
Elderly Centers		
Other Elderly Services		
Total*		

CLIENT INCOME MONITORING REPORTS

The Monthly Monitoring Report for Client Income programs contains tracking information as defined by HUD.

Income level based on Area Median Income for new/unduplicated served	Monthly	Yearly
0-30%		
31-50%		
51-80%		
81% +		
Total* new/unduplicated served*		

NATURE & LOCATION MONITORING REPORTS

Nature and Location assumes *all* program clients are eligible, based on the manner the program operates. Therefore, this report only tracks the additional information of client race and ethnicity.

Race:	Monthly			Yearly		
	Hispanic	Not Hispanic	Total	Hispanic	Not Hispanic	Total
White						
Black/African American						
Asian						
American Indian/Alaska Native						
Native Hawaiian/ Other Pacific Islander						
American Indian/Alaska Native & White						
Asian & White						
Black/African American & White						
American Indian/Alaska Native & Black/African American						
Other not listed above						
Total*						

DATA TRACKING TOOLS

The Monthly Monitoring Reports contains two additional prompts:

1.) Does your agency keep a **waiting list** for this program?

If a waiting list is kept, how many individuals are listed?

2.) Does your agency **deny service** for any reason?

If denial has been issued, has formal notice been provided?

PROGRAM MONITORING

- ▶ All Programs are **monitored annually**, with varying levels of review based on both regulatory factors and DMD discretion.
- ▶ Potential Monitoring Steps
 1. Risk Analysis
 - ▶ A basic review completed to determine areas of program strengths and weaknesses, resulting in an overall risk score.
 2. Remote Monitoring
 - ▶ Agencies are required to submit documents that facilitate further program evaluation.
 3. On-Site Monitoring
 - ▶ DMD staff visit the site of program operation and/or administration (highest degree of monitoring).

RISK ANALYSIS

- ▶ A Risk Analysis of all subrecipients is conducted prior to the end of each program year.
- ▶ This is completed by the assigned CD Specialist and is a rating worksheet to evaluate the subrecipient's performance over the course of the program.
- ▶ If the total overall risk score is over the predetermined threshold, then an on-site monitoring is scheduled with the subrecipient.

REMOTE MONITORING

- ▶ The CD Specialist is responsible for conducting Remote Monitoring for each program funded with CDBG funds.
- ▶ Communication will be sent to each agency, for each program, with specific instructions to assist with the Remote Monitoring process.
- ▶ Information is collected regarding the program performance, record keeping and documentation, financial information, program income, compliance, procurement, and general organization information.
- ▶ Based on the information provided by the agency, a determination will be made regarding the need for an On-site Monitoring visit.

ONSITE MONITORING

- ▶ Basic on-site monitoring includes a tour of the program facilities as appropriate, an explanation of the services provided, discussions with program and administrative staff, and potentially an introduction to actual beneficiaries.
- ▶ Items covered during on-site monitoring will include:
 - ✓ Program Review
 - ✓ Financial Review
 - ✓ At least (3) Random Client Files reviewed
 - ✓ Invoice Review
- ▶ As a result of this visit, staff may determine whether an in-depth review is needed for further clarification of any concerns that arise during the on-site visit.

RECORD RETENTION

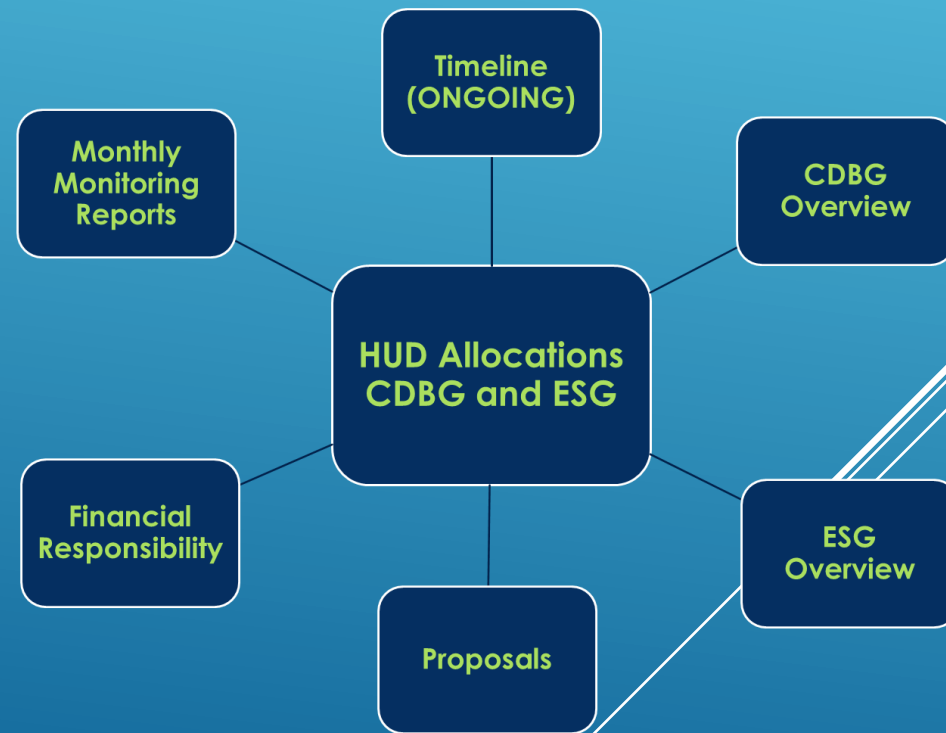
- Recipients of federal funds are responsible for proper record-keeping and retention.
- Records should be sufficient to establish an audit trail for all transactions involving federal funds. An audit trail for federal funds:
 - originates with the preparation of the grant proposal or contract proposal; and
 - includes adequate records to support statements in the proposal document.
- CDBG/ESG records must be kept **5 years** after the conclusion (close-out) of the program: effectively 6 years.

ENVIRONMENTAL REVIEW

- ▶ **Restrictions on Obligating HUD and Non-HUD Funds Prior to Completion of the Environmental Review Process**
- ▶ Commitment of HUD or Non-HUD funds must not be made until the Part 58 environmental review process is completed. HUD regulations at **§58.22** place limitations on activities pending environmental clearance. Neither a recipient nor any participant, including public or private nonprofit or for-profit entities, or any of their contractors, can commit HUD or non-HUD funds on an activity or project until HUD or the state has approved the recipient's certified RROF. This ensures actions are not taken that would have an adverse environmental impact or limit the choice of reasonable alternatives.
- ▶ **Never** begin demolition or any construction related activity until the Notice to Proceed is issued.
 - ▶ When in doubt, ask first.

Questions?

*Presentation will be made available on City Website
It will also be emailed to you – please verify you signed in!*



CITY OF EVANSVILLE-DEPARTMENT OF METROPOLITAN DEVELOPMENT

812-436-7823

COMMUNITY DEVELOPMENT STAFF

- ❖ Kolbi Jackson – Executive Director
- ❖ Lana Abel – Deputy Director
- ❖ Haley Hale – Community Development Coordinator
- ❖ Adam Moore – Finance Officer
- ❖ Gayl Killough – Community Development Specialist
- ❖ Erin Phillips – Community Development Specialist
- ❖ Kory Kempf – Community Development Specialist
- ❖ VACANT – Community Development Specialist
- ❖ Glenn Schoenbaechler – Property Inspector

