



QUARTERLY GRANTEE MEETING

MARCH 6, 2024

AGENDA



INTRODUCTIONS

AHGP/HHGP CONTRACTS UPDATE

NEW RR POLICY – OVERVIEW

BACKUP DOCUMENTATION

UPDATED RR PROCEDURES

UPDATED MONITORING PROCEDURES

UPDATED GUIDELINES

DIVERSE SPEND REPORTS

AHGP/HHGP CONTRACT STATUS UPDATE

- All contracts are actively in some stage of the routing process.
- If you have questions regarding the status of a specific contract for your program, you are welcome to reach out any time to your contract manager.

CHANGES TO FISCAL PROCEDURES

A general policy was developed to streamline the reimbursement request process for grantees and to create a consistent framework applicable to nearly all Kitsap County Human Services contracts, regardless of division or funding source.

**CHANGES TO
REIMBURSEMENT
REQUESTS**

Frequency

Documentation

Submittal Process

Monthly RR Submissions

CHANGES – REIMBURSEMENT REQUEST (RR) FREQUENCY

Monthly invoicing for all funding sources.

For HHGP/AHGP submit 1 RR for Q1 2024 then change to Monthly RRs beginning April 2024.

CHG, EHF & ARPA continue Monthly RRs.

Rrs are due NO LATER than the 14th of each month, *even if you have no expenses.*

DOCUMENTATION

- Backup documentation and Expense Details will no longer be submitted with Reimbursement Requests.
- General Ledgers (GLs) are still required for programs funded by EHF.
- CHG and EHF contractors will submit Diverse Spend Reports with their reimbursement requests.
- Attention to detail is vital – KCHHD will no longer perform corrections on the behalf of an organization.
- Backup documentation must still be maintained on file and provided upon request.



UPDATED RR SUBMISSION PROCEDURES

NEW REIMBURSEMENT SUBMISSION PROCESS

With changes to the documentation requirements for reimbursement requests, we are making changes to both:



The 2024 KCHHD Reimbursement Request Form

and the



The Cognito Online Submission Form

UPDATED KCHHD REIMBURSEMENT REQUEST FORM XLSX

Changes to the KCHHD Reimbursement Request Form

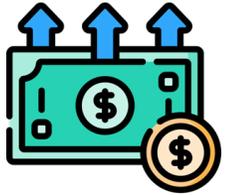


1. Newest Version will be renamed to 2024 KCHHD *Expense Report* v1.0.0
2. The *ExpenseDetails* worksheet where you previously entered all of your individual expenses has now been removed.
3. The *Summary* worksheet remains where you will enter your reimbursement request information as before, with the exception that now the *Summary* worksheet will not be able to provide any error-checking related to individual expenses.
4. A new “Billing Description” section is added to the bottom of the *Summary* worksheet for use to complete the online submission form.

REIMBURSEMENT REQUEST PROCESS UPDATE

REIMBURSEMENT REQUEST PROCESS UPDATE

1. Contractor performs eligible activities and services
(ongoing)



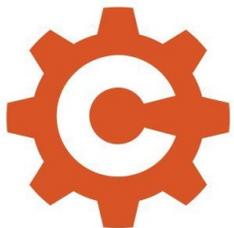
2. Maintain backup documentation to substantiate expenses
(ongoing on file – not submitted as part of new reimbursement request process)



3. Complete the Excel Expense Report form
(for monthly reimbursement request submissions)



4. Submit your Reimbursement Request Packet via Cognito for Review, Signing, and Processing Reimbursement



COMPLETING REIMBURSEMENT REQUEST EXCEL WORKSHEET

****NEW**** “Billing Details” section at the bottom of – *Summary Worksheet*



TOTAL COSTS				\$2,300.00

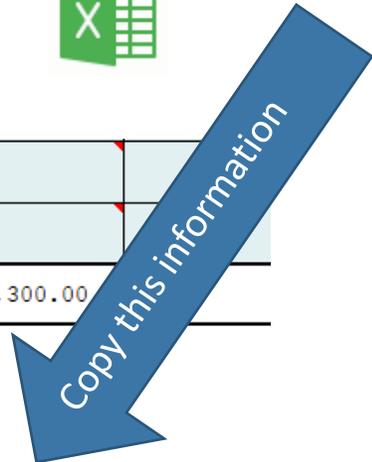
2022 KCHHD Reimbursement Request Form v2.0.0

<https://www.cognitoforms.com/KitsapCounty1/KCHHDReimbursementRequestForm>

Use the information contained to the right to complete the “Billing Description” Section of the KCHHD Online Reimbursement Request Submission Form.



BILLING DESCRIPTION	AMOUNT
FEMA / ARPA - (T000404)	\$800.00
CHG HEN - 1132.G000583 T000406	\$600.00
CHG - 1132.G000583 T000405	\$500.00
EHF - 1132.G000586	\$400.00
INVOICE TOTAL	\$2,300.00



You will use the Billing Information generated here to complete the “Billing Description” section of the online Cognito Reimbursement Request Submission form.

SUBMIT INVOICE VIA COGNITO



SUBMIT REIMBURSEMENT REQUEST VIA COGNITO

- Start reimbursement request packet submission via Cognito <https://www.cognitoforms.com/KitsapCounty1/KCHHDReimbursementRequestForm> (new form link)
- You will need to include the following attachments:
 - The completed Expense Report form (.xlsx)
 - For EHF/CHG only – the Diverse Spend Report (.xlsx)
 - For EHF only – A General Ledger indicating the claimed expenses (.pdf or xlsx)

KCHHD Reimbursement Request Form



Department of Human Services
Housing and Homelessness Division

Kitsap County Human Services - Housing and Homelessness Division Contractors may use this online form to submit reimbursement requests to the Division.

Contractors must fill out the form below and attach the KCHHD Reimbursement Request Form (.xlsx). EHF Contractors must also attach a copy of their General Ledger for their request.

Reimbursement Request Submissions are due NO LATER than the 14th of each month.

Forms needed to submit reimbursement requests or reports can be found on the [KCHHD Grant Recipients Page](#)

Organization:

Contact Person Name:

Contract Number:

Contact Person Email

SUBMIT INVOICE VIA COGNITO

COMPLETE CONTRACT ORGANIZATION INFORMATION

Use the form to enter the following information:

- Organization (picklist)
Contract Number
- Invoice Number
- Contact Person Name
- Contact Person Email
- Contact Person Phone #

- Expense Report Period Start and End Date

- Indicate if the Reimbursement Request Contact is the same person as the Contracting Agency Signer (*in some organizations the person preparing the reimbursement request is not someone who can sign on behalf of the organization*)

- Address to send the payment



KCHHD Reimbursement Request Form



Department of Human Services
Housing and Homelessness Division

Kitsap County Human Services - Housing and Homelessness Division Contractors may use this online form to submit reimbursement requests to the Division.

Contractors must fill out the form below and attach the KCHHD Reimbursement Request Form (.xlsx). EHF Contractors must also attach a copy of their General Ledger for their request.

Reimbursement Request Submissions are due NO LATER than the 14th of each month.

Forms needed to submit reimbursement requests or reports can be found on the [KCHHD Grant Recipients Page](#)

Organization:

Contact Person Name:

Contract Number:

Contact Person Email

Invoice Number:

Contact Phone

THE COSTS AS PRESENTED IN THIS REQUEST WERE INCURRED BETWEEN THE TIME PERIODS OF (DATES):

From

To

Is the Reimbursement Request Contact Person and the Signer the same person?

Yes

No

Remit to Address *

SUBMIT INVOICE VIA COGNITO

Optional – Signers Only

If the Contact Person listed is not the Signer:

- The Contact Person will prepare the request
- The Signer Name and Email will be added to the form
- When submitting, the form will be sent to the Signer to review and for signature
- Once the signer has reviewed and signed, they can submit the completed form to KCHHD staff for review and approval.



Is the Reimbursement Request Contact Person and the Signer the same person?

Yes

No

Signer Name *

Signer Email *

KCHHD Reimbursement Request Form - Signature Requested KC-989-22#12

Inbox x



Org Contact Person <notifications@cognitoforms.com>
to kitsaphousingandhomeless+signer

12:18 PM (4 hours ago)



Kitsap County KCHHD Reimbursement Request Form

Please review this reimbursement request, sign, and submit to submit this request to the
County Housing and Homelessness Division via the link below.

Please use the "Open Form" link below to open the form for review and signature submission.

Open Form

Signer Link to review and
submit

SUBMIT INVOICE VIA COGNITO

UPLOAD ATTACHMENTS

You will be required to upload attachments:

ALL CONTRACTORS

- 2024 KCHHD Expense Report v2.0.0 (or higher)

COMMERCE FUNDED GRANTS (includes both CHG and EHF)

- Diverse Spend Report

COMMERCE FUNDED GRANTS (EHF ONLY)

- Attach the General Ledger as supporting documentation for any Emergency Housing Fund Contracts



Attach Reimbursement Request Form (.xlsx) *

or drag files here.

For AHGP/HHGP starting Apr 2024 only versions 2.0.0 (or higher) for the 2024 KCHHD Reimbursement Request Form will be accepted for processing for AHGP/HHGP Grants.

For CHG/HEN and EHF Grants on the State Fiscal Year SFY24-25 starting Apr 2023 only versions 2.0.0 (or higher) for the 2024 KCHHD Reimbursement Request Form will be accepted for processing for CHG/HEN and EHF Grants.

ARPA grantees may use the latest version of the reimbursement request form versions 2.0.0 (or higher).

**Backup Documentation must still be maintained on file and provided upon request.*

See the [KCHHD Grant Recipients Page](#) to download the most recent versions of the Reimbursement Request Forms.

Attach Diverse Spend Report (.xlsx) *

or drag files here.

A Diverse Spend Report is required to be completed and attached to all Commerce funded programs. This includes the Consolidated Homeless Grant (CHG) and Emergency Housing Fund (EHF)

Download the [Diverse Spend Reportable Expense Report.xlsx](#)

Attach General Ledger (limit 6 files) *

or drag files here.

A General Ledger (GL) is required to be attached as supporting documentation for any EHF (Emergency Housing Fund) contracts.

SUBMIT INVOICE VIA COGNITO

REIMBURSEMENT PROCESSING

The reimbursement request steps are outlined below
Incur expenses for eligible activities and services (*ongoing*)



Collect backup documentation to substantiate expenses (*ongoing on file – not submitted as part of new reimbursement request process*)



Complete the Excel Reimbursement Request form (*for monthly submissions*)



Submit your Reimbursement Request Packet via Cognito for Review, Signing, and Processing Reimbursement (*for monthly submissions*)



1. After the above steps have been completed and the form is submitted the request will be forwarded to KCHHD staff to review
2. Staff will review the submission and either Approve or Deny
 - a) If APPROVED - KCHHD Staff will sign-off, both the Contact Person and the Contracting Organization Signer will receive a signed pdf to save to their file and the signed copy will be sent for payment processing.
 - b) If DENIED – A notification email will be sent back with the reason for the denial – you will need to correct and resubmit.





Submission Form Questions?

HOW DOES THIS IMPACT MONITORING?



CHANGES TO MONITORING PROCEDURES

- Monitoring will occur annually, at minimum, and will now include a fiscal element.
- Annual monitoring visits will be scheduled at the beginning of the contract period.
- Backup documentation for randomly selected RRs will be selected for review.

CHANGES TO MONITORING PROCEDURES

- If there are fiscal concerns or issues, the agency will have three (3) months to rectify the concern.
- If the agency continues to be out of compliance with a fiscal issue, a meeting must be scheduled with the Kitsap County Department of Human Services Fiscal Manager for planning.

GRANT GUIDELINES

Updated Grant Guidelines will be
published shortly.



Questions?

**IF your organization has CHG/HEN or EHF Funding please stay online after questions for further information.*



DIVERSE SPEND REPORT

DIVERSE SPEND REPORTS

Diverse Spend Reportable Expenses Template Instructions

Required for any contract that has CHG/HEN or EHF funding.

Back in 2017 Washington State Department of Commerce (COM) modified their contract language and invoicing process so they can compile data that will help them understand the impacts of spending and analyze how best to deploy our resources in communities across the state. Commerce is particularly interested in understanding how much of the funding goes to state-certified minority-, woman- and veteran-owned businesses. These instructions will help contractors understand and comply with the reporting requirements.

DIVERSE SPEND REPORTS

- Each month this report MUST be included with the Reimbursement Request submission.
- Requirement is to report any single expense paid during the billing period that is more than \$1,000 or the sum of multiple expense to a given entity that are more than \$1,000. **See “Reportable Expenses” section for the types of expenses that are excluded from reporting.*
 - *If there were no expenses totaling over \$1k for a specific vendor/retailer then you can just check the box that states, “No Expenses to Report”.*

DIVERSE SPEND REPORTS

Definitions

Contractor – An organization receiving funds through a contract with Commerce.
(Kitsap County)

Subcontractor – An organization receiving Commerce funds through Kitsap County.
(Your organization)

Sub subcontractor – An organization/vendor/retailer receiving payment from subcontractor for construction/good/services.

Contract # – The specific number assigned to an agreement by Kitsap County.

Eligible Cost – An expenditure incurred by a Subcontractor that may be reimbursed by the County under a contract.

Reimbursement Request (RR or Invoice) – A request for payment or reimbursement submitted to Kitsap County by a Subcontractor for eligible costs.

Warrant Amount – The dollar amount of payment or reimbursements requested on an invoice.

Invoice Period – The time during which a contractor provided the services for which payment or reimbursement is requested on an invoice.

DIVERSE SPEND REPORTS

Definitions continued

Reportable Expense – An eligible cost that meets the following criteria:

- a) Any payment (or set of payments during the invoice period) of at least \$1,000.
- b) Paid by a contractor to a subcontractor – OR – by a subcontractor to a sub subcontractor.
- c) Payment for goods or services provided within an invoice period.
- d) Cost for which a contractor will be invoicing Commerce as part of the contractor's scope of work.
- e) Excluding the following types of expenses:
 - i. Rent or lease costs.
 - ii. Utilities.
 - iii. Taxes, fees, and other governmental service charges.
 - iv. Employee compensation, including wages and benefits.
 - v. Payments or reimbursements for individual client costs made directly to a client, including for a client's rent, energy assistance, etc. (Please do not report individual names).
 - vi. Real estate/land acquisition
 - vii. Any payments made by that is a retail or wholesale business. For example, a contractor purchased \$2,500 in lumber from Home Depot, which Home Depot had purchased from Weyerhaeuser for \$1,500. Home Depot would be considered a subcontractor, and Weyerhaeuser would be considered a sub subcontractor. The \$2,500 purchase from Home Depot should be reported. However, since the subcontractor, Home Depot, is a retail business, it is not necessary to report Home Depot's \$1,500 purchase from Weyerhaeuser.

DIVERSE SPEND REPORTS

Definitions continued

Unified Business Identifier (UBI) – Most businesses, non-profits, and state and local governments in Washington have a UBI, assigned by the state Department of Revenue, Business Licensing Service, or Secretary of State. If you don't know an organization's UBI, you can look it up at <https://ccfs.sos.wa.gov/#/> .

DIVERSE SPEND REPORTS

Completing the Reportable Expenses Template

The Reportable Expenses Template is a formatted Excel spreadsheet with several data validations that help data load correctly. Following are detailed explanations of the Template sections and further information about validations, errors and troubleshooting the template.

Header

The header includes several fields that identify the contract and warrant the expenses.

DIVERSE SPEND REPORTS

EXPENSES over \$1,000

Department of Commerce

COM FORM: III-A

1 Contract # KC-101-24

2 Name ABC Community Cares

3 No Expenses to Report
(do not complete grid below)

4 Warrant Amount \$ 80,535.00

5 From Date 5/1/2024

6 To Date 5/31/2024

7 Subcontractor Total	21,534.65
8 Sub Subcontractor Total	21,534.65

Header Example

1. Contract # → Enter the contract number here.
2. Name → Contractor representative completing the template.
3. No Expense to Report → Checked when all reportable subcontractor expenses are under \$1,000.
4. Warrant Amount → Total amount requested for reimbursement.
5. From Date → The start date of the expenses submitted for reimbursement.
6. To Date → This is the end date of the expenses submitted for reimbursement.
7. Subcontractor Total → Automatically populated and adds up the subcontractor expenses.

DIVERSE SPEND REPORTS

EXPENSES over \$1,000

Department of Commerce

COM FORM: INV-A

1 Contract # KC-101-24

2 Name ABC Community Cares

3 No Expenses to Report
(do not complete grid below)

4 Warrant Amount \$ 80,535.00

5 From Date 5/1/2024

6 To Date 5/31/2024

7 Subcontractor Total	21,534.65
8 Sub Subcontractor Total	21,534.65

8. Sub subcontractor Total → Automatically populated and sums the sub subcontractor expenses. It turns red when they exceed the subcontractor expenses.

Subcontractor Total	40,000.00
Sub Subcontractor Total	110,000.00

Example when there is an error denoted in red, indicates the Subcontractor Total does not match the Sub Subcontractor total.

DIVERSE SPEND REPORTS

Instructional Headers

These fields provide brief explanations of the information required for each column.

Enter the UBI of the organization that paid the expense	Enter the name of the Organization that paid the expense.	Contractor Types: Subcontractor Sub Subcontractor	Enter the UBI of the organization that was paid. Look up a UBI here: http://apps.dor.wa.gov/BRD/	Enter the name of the Organization that was paid.	Org Types: For Profit Non-Profit Government Tribe	Expense Types: Construction Goods Services	Enter the amount paid for this invoice period.
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DIVERSE SPEND REPORTS

Expenses

The expenses section is where the subcontractors fill in reportable expenses.

Each row on the template captures a single expense incurred during the billing period that is more than \$1,000, or the sum of multiple expenses to a given entity that are more than \$1,000. See *Definitions/Reportable Expenses* at the beginning of this document for the types of expenses that are excluded from reporting.

- The tab must be named “**Template**” and must not be renamed.



- The Expenses header must be on **Row 13** of the template and must not be changed.
- Column headers must **match** the column headers in the example below.

DIVERSE SPEND REPORTS

Paid By UBI	Paid By Organization Name	Paid to Contractor Type	Paid to UBI	Paid to Organization Name	Paid to Org Type	Expense Type	Amount
601-098-123	ABC Community Cares	Sub Subcontractor	603-159-003	AMAZON	For Profit	Goods	12,583.65
182-002-345	Kitsap County	Subcontractor	601-098-123	ABC Community Cares	Non-Profit	Goods	12,583.65
601-098-123	ABC Community Cares	Sub Subcontractor	600-511-933	Kitsap Transit	For Profit	Services	8,951.00
182-002-345	Kitsap County	Subcontractor	601-098-123	ABC Community Cares	Non-Profit	Services	8,951.00

Data Collection Example

Data Collection Fields

1. **Paid by Unified Business Identifier (UBI) number** → Enter the UBI number of the organization that made the payment (it may be the subcontractor or sub subcontractor). This must match the UBI on file if the contractor paid the expense. The UBI is a nine-digit number assigned to a Washington business, non-profit or government entity. A UBI is required for each “Paid-by” and “Paid-to” organization.

If you don't know an organization's UBI, it can be looked up online.

2. **Paid By Organization Name** → Enter the legal name of the organization that paid the expense. This is the subcontractor that paid the organization for a particular reportable expense or the contractor reimbursing the subcontractor for the reportable expense.

DIVERSE SPEND REPORTS

Paid By UBI	Paid By Organization Name	Paid to Contractor Type	Paid to UBI	Paid to Organization Name	Paid to Org Type	Expense Type	Amount
601-098-123	ABC Community Cares	Sub Subcontractor	603-159-003	AMAZON	For Profit	Goods	12,583.65
182-002-345	Kitsap County	Subcontractor	601-098-123	ABC Community Cares	Non-Profit	Goods	12,583.65
601-098-123	ABC Community Cares	Sub Subcontractor	600-511-933	Kitsap Transit	For Profit	Services	8,951.00
182-002-345	Kitsap County	Subcontractor	601-098-123	ABC Community Cares	Non-Profit	Services	8,951.00

Data Collection Example

Data Collection Fields

- Contractor Type** → Indicates the relationship of the entity receiving payment to the entity making the payment.
 - For payments made by the contractor, the Paid to Contractor Type would be “Subcontractor”, whether funds are paid to a contracted subcontractor or a non-contracted vendor of goods or services.
 - For payments made by a subcontractor, the Paid to Contractor Type would be “Sub subcontractor”, whether funds are paid to a contracted sub subcontractor or a non-contracted vendor of goods and services.
- Paid to UBI** → Enter the UBI number of the entity receiving funds for which payment is being reported.

DIVERSE SPEND REPORTS

Paid By UBI	Paid By Organization Name	Paid to Contractor Type	Paid to UBI	Paid to Organization Name	Paid to Org Type	Expense Type	Amount
601-098-123	ABC Community Cares	Sub Subcontractor	603-159-003	AMAZON	For Profit	Goods	12,583.65
182-002-345	Kitsap County	Subcontractor	601-098-123	ABC Community Cares	Non-Profit	Goods	12,583.65
601-098-123	ABC Community Cares	Sub Subcontractor	600-511-933	Kitsap Transit	For Profit	Services	8,951.00
182-002-345	Kitsap County	Subcontractor	601-098-123	ABC Community Cares	Non-Profit	Services	8,951.00

Data Collection Example

Data Collection Fields

- 5. Paid to Organization Name** → Enter the legal name of the organization to whom funds are paid.
- 6. Paid to Organization Type** → Select the dropdown option that describes the type of organization to whom payment is made.
 - For-profit business
 - Non-profit organization
 - Governmental entity, such as a city, town, or state agency
 - Tribal government entity

DIVERSE SPEND REPORTS

Paid By UBI	Paid By Organization Name	Paid to Contractor Type	Paid to UBI	Paid to Organization Name	Paid to Org Type	Expense Type	Amount
601-098-123	ABC Community Cares	Sub Subcontractor	603-159-003	AMAZON	For Profit	Goods	12,583.65
182-002-345	Kitsap County	Subcontractor	601-098-123	ABC Community Cares	Non-Profit	Goods	12,583.65
601-098-123	ABC Community Cares	Sub Subcontractor	600-511-933	Kitsap Transit	For Profit	Services	8,951.00
182-002-345	Kitsap County	Subcontractor	601-098-123	ABC Community Cares	Non-Profit	Services	8,951.00

Data Collection Example

Data Collection Fields

- Expense Type** → Select the dropdown option that best describes the goods or services for which funds were paid.
 - Goods
 - Services
 - Construction
- Amount** → The actual dollar amount of the reportable expense paid for a given row.

Color Coding

When using the Reportable Expense Template, subcontractor expenses are **blue** and sub subcontractor expenses are **green**. This is based on which is selected for the Contractor Type column.



CONTACT INFORMATION

IF YOU HAVE A QUESTION REGARDING CONTRACTS, AMENDMENTS, OR REIMBURSEMENTS, PLEASE CONTACT LEAH NOLDAN, CONTRACTS COORDINATOR, LNOLDAN@KITSAP.GOV.

IF YOU HAVE A QUESTION OR ISSUE RELATED TO THE KITSAP EVICTION PREVENTION ASSISTANCE (KEPA) PROGRAM, HOMELESS HOUSING/AFFORDABLE HOUSING GRANT PROGRAMS, PLEASE CONTACT VIRGINIA MCCASLIN, GRANTS COORDINATOR, VMCCASLIN@KITSAP.GOV.

IF YOU HAVE A QUESTION OR ISSUE RELATED TO THE CONSOLIDATED HOMELESS GRANT (CHG) OR EMERGENCY HOUSING FUND (EHF), PLEASE CONTACT CARL BORG, DIVISION MANAGER, CEBORG@KITSAP.GOV.



Thank You!