REIMBURSEMENT REQUEST UPDATE –KEPA

MARCH 11, 2022 KITSAP COUNTY HUMAN SERVICES – HOUSING AND HOMELESSNESS DIVISION

OVERVIEW

- An overview of the reimbursement request process
- Backup Documentation
- Completing the Excel Reimbursement Request form
- Submitting your Reimbursement Request Packet
- Review & Signing
- Q&A

GRANTEE RESOURCES

To find Guidelines, forms, and this presentation, visit
 https://www.kitsapgov.com/hs/Pages/HH-Grant-Recipients-page.aspx



Kitsap Eviction Prevention Assistance KEPA Grant

The Kitsap Eviction Assistance Program (KEPA) includes several different funding sources for rental assistance prevent eviction for our County's lowest-income households. This program is funded through the federal Corona Virus Relief Act.

Attention This grant section and the documents below are intended ONLY for use by organizations that are currently contracted with Kitsap County, not people who are applying for eviction prevention assistance. If you are interested in applying for this eviction assistance program please visit the Kitsap Eviction Prevention Assistance KEPA webpage for more information and instructions to apply.

Grant Guidelines and Documents

KEPA Kitsap Guidelines PDF (updated 4/9/2021)

KEPA Forms

KEPA Pre-Application

KCR English PDF | Fillable PDF | Word (v1.2 4/9/2021)

KCR Español PDF | Fillable PDF | Word (v1.2 4/9/2021)

Generic English PDF | Fillable PDF | Word (v1.2 4/9/2021)

Generic Español PDF | Fillable PDF | Word (v1.24/9/2021)

KEPA+T-RAP Landlord Payment Agreement for Individual Payment PDF | Word (v1 4/6/2021)

KEPA Landlord Payment Agreement for Individual Payment PDF | Fillable PDF | Word (v1 4/6/2021)

KEPA Release of Information PDF | Word (v1 4/1/2021)

T-RAP Forms and Guidelines

T-RAP Guidelines PDF (v1 Final 3/9/2021)

T-RAP Monthly Report Form ZIP (v1 3/9/2021)

T-RAP Rent Payment Agreement Form PDF | Word (v1 3/9/2021)

Simple Rental Agreement Form 2021 PDF | Word (v1 4/6/2021)

T-RAP Self-Declaration PDF | Word (v1 3/9/2021)

T-RAP Household Information & Eligibility Form Kitsap PDF | Word (v1.1 4/8/2021)

T-RAP Q&A PDF (v2 4/2/2021)

Translated T-RAP forms available at this Dept of Commerce Dropbox link

WHAT'S CHANGED FOR REIMBURSEMENT REQUESTS?

- The Reimbursement Request form has been updated to reflect activities, partners, and cost categories
- Reimbursement Request submission updated
- Mileage reimbursement amount is now \$0.585/mile

REIMBURSEMENT REQUEST PROCESS

I. Incur expenses for eligible activities and services



2. Collect backup documentation to substantiate expenses



3. Complete the Excel Reimbursement Request form



4. Submit your Reimbursement Request Packet via Cognito



5. Review, Signing, and Processing Reimbursement















- Each organization will incur expenses to meet the goals of the Program based on the Scope of Work provided in your contract. These expenses <u>must be connected to the Program</u> and <u>necessary</u> to meet the goals and scope of work.
- Every expense for which you claim a reimbursement must be accompanied by some form of documentation.



- For each expense incurred to which your organization will be seeking reimbursement, you must supply documentation which substantiates these expenses. Examples include:
 - Wages & Salaries include time summaries (documentation payment) and timesheets signed by employees
 - Mileage mileage log with documentation of payment
 - Purchases and Services itemized receipts or invoices from vendors clearly indicating the grant expense, date
 of payment and amount of expense paid.
 - Rental (Direct) Assistance Include details of client/amount of assistance/payment for any purchase orders, warrants, vouchers, or similar which document payment from your organization to the payee (landlord)



WAGES AND SALARIES - EXAMPLES

Wages & Salaries – include time summaries (documentation of payment)

and timesheets signed by employees

Time summaries should state:

Name of staff or employee who was paid

Pay period dates, pay date

Hours, rate or salary, and amount paid

- A total of the wages and/or salaries claimed for the reimbursement request period
- Any benefits and payroll taxes claimed

Date	Name	Net Amt	Hours	Taxes Withheld	Total Deductions	Total Pay	Employer Taxes	Total Cost
06/04/2004	Michael Lin	1686.48	80.00	603.46	1017.75	3307.69	0.00	3307.69
06/04/2004	John Monson	2333.19	80.00	656.81	10.00	3000.00	229.50	3229.50
06/04/2004	Karen White	358.49	40.00	-28.49	150.00	480.00	0.00	480.00
	Totals	4378.16	200.00	1231.78	1177.75	6787.69	229.50	7017.19





- For reimbursement for mileage related to travel or transportation create and include a mileage log.
- The log should include the following information:
 - Staff/volunteer/employee name
 - Date of travel
 - To/From location and destination OR odometer to/from readings
 - Miles traveled for each trip

Mileage Log Vehicle						
Date	Odometer Start	From	То	Odometer End	Total Miles	Parking, etc.
					-	
			(1		

- Note purpose of travel or transportation (include client name if relevant)
- Reimbursement amount multiply mileage by <u>\$0.585/mile</u>
- Total mileage cost per staff/volunteer/employee/documentation of payment

PURCHASES AND SERVICES - EXAMPLES



- For purchases made by your organization for items or services from an outside vendor:
 - Include receipts or invoices from the vendor
 - Vendor name, address, and phone number
 - Itemized list of service, items, or expense
 - Must include date of invoice/date paid/proof of payment
 - The total amount
 - If the receipt or invoice includes expenses not related to the program, highlight the related expenses and include a note of the expenses (plus tax) that is attributed to items/services related to program expenses

BILL	TO
John	Smith
2 CM	et Sauere

New York, NY 12210

SHIP	TO	
John	Smith	
3787	Pineview Drive	

RECEIPT #
RECEIPT DATE
P.0.#
DUE DATE

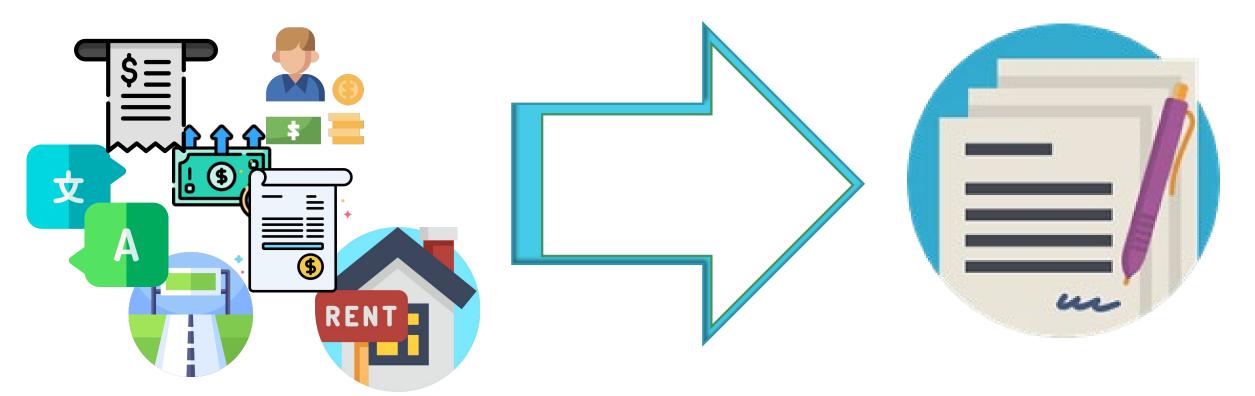
TOTAL

\$154.06

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
1	Front and rear brake cables	100.00	100.00
2	New set of pedal arms	15.00	30.00
3	Labor 3hrs	5.00	15.00
	, Lax	Subtotal	145.00
	+20 + \$15 + tax	Sales Tax 6.25%	9.06



Every expense for which you claim a reimbursement must be accompanied by some form of documentation.







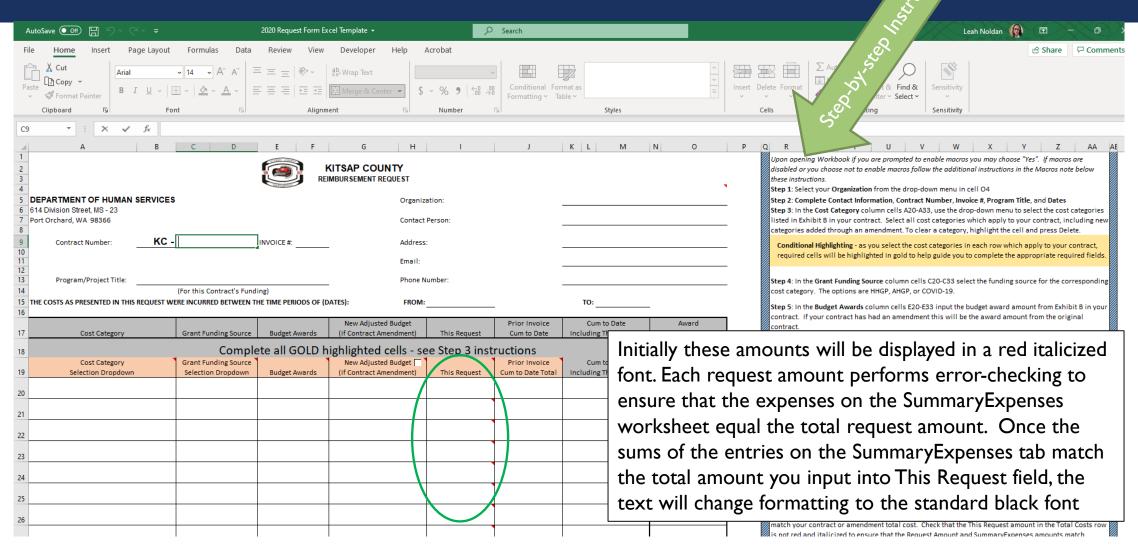






COMPLETE THE EXCEL REIMBURSEMENT REQUEST FORM

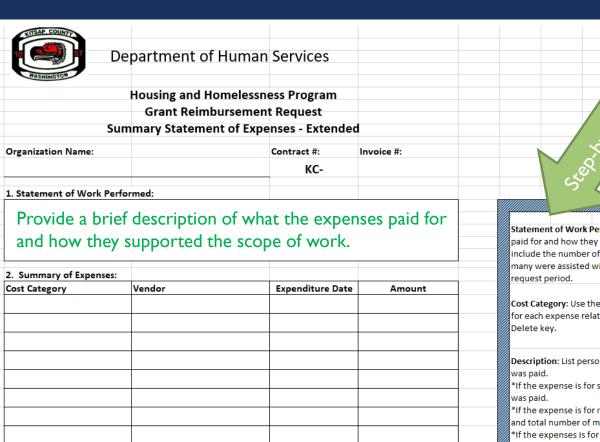
COMPLETE REIMBURSEMENT REQUEST FORM EXCEL TEXTLATE — WORKSHEET TAB LABELED "RR"



COMPLETE REIMBURSEMENT REQUEST FORM EXCEL TEMPLATE – WORKSHEET TAB LABELED "RR"

			New Adjusted Budget		Prior Invoice	Cum to Date	Award
Cost Category	Grant Funding Source	Budget Awards	(if Contract Amendment)	This Request	Cum to Date	Including This Request	Balance
Complete all GOLD highlighted cells - see Step 3 instructions							
Cost Category	Grant Funding Source		New Adjusted Budget		Prior Invoice	Cum to Date	Award
Selection Dropdown	Selection Dropdown	Budget Awards	(if Contract Amendment)	This Request	Cum to Date Total	Including This Request	Balance
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TOTAL COSTS							\$0.00

COMPLETE REIMBURSEMENT REQUEST FORM EXCEL TEMPLATE – WORKSHEET TAB LABELED "SUMMARY EXPENSE"



Statement of Work Performed: Provide a brief description of what the expenses paid for and how they supported the scope of work in the contract. Please also include the number of households were reached through your activities, and how many were assisted with completing ERAP applications during the reimbursement request period.

Cost Category: Use the drop down menu to indicate the appropriate cost category for each expense related. To clear a cost category select the cell and press the Delete key.

Description: List person, company, vendor, or organization to whom the expense was paid.

*If the expense is for staff time or salary, list the last name of the employee who was paid.

*If the expense is for mileage, list the last name of the employee who was paid, and total number of miles.

*If the expenses is for rent payment, include the client's last name and months covered.

Expenditure Date – List the date that the bill, invoice, or payroll was paid (not the date of the bill or invoice).

Amount – Indicate the amount paid to the vendor, company, or staff member. If

COMPLETE REIMBURSEMENT REQUEST FORM EXCEL TEMPLATE — WORKSHEET TAB LABELED "SUMMARY EXPENSE"

Cost Category	Vendor	Expenditure Date	Amount
Total			\$0.00
3. Guarantee:			
	of work performed above is true and ac	curate and that the evnenses list	ed ahove were expended on
the project identified in the	project budget application and refere	nced in the contract listed above.	I certify that the
documentation of these allo Kitsap County at any time.	wable expenses is on file with the age	ncy listed above, and is available	for review or request by
Grantee Signature	Printed Name		Date

Initially this amount will be displayed in a red italicized font. Again, each request amount performs errorchecking to ensure that the expenses on the RR tab equal the total request amount. Once the sums of the entries on the SummaryExpenses tab match the total amount you input into "This Request" field, the text will change formatting to the standard black font











SUBMIT INVOICE PACKET VIA COGNITO

SCAN ALL BACKUP DOCUMENTATION

- Every expense for which you claim a reimbursement must be accompanied by some form of documentation.
- Use a scanner to create a scan of all backup documentation.
 Preferably as pdf, but other formats are accepted.
- Keep all the original backup documentation on file.



SUBMIT VIA COGNITO REIMBURSEMENT REQUEST PACKET

 Start reimbursement request packet submission via Cognito <u>https://www.cognitoforms.com/KitsapCounty1/KCHHDDocumentSubmissionForm</u>



- The completed Reimbursement Request form Excel file.
- All backup documentation scanned to substantiate expenses (itemized receipts, time summaries, signed timesheets, mileage logs, etc.)
- Please attempt to scan or label your files in an order which follows your Summary of Expenses, if possible, this really helps to reduce the time it takes to process a reimbursement request.

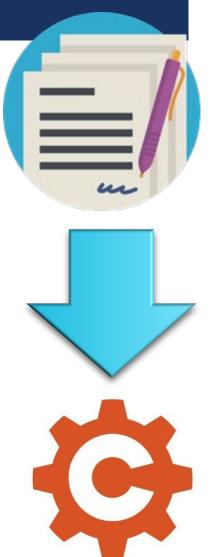






SUBMIT VIA COGNITO REIMBURSEMENT REQUEST PACKET

If the Contact Person listed on your Excel Reimbursement Request form is different than the Authorized Signer/Recipient, please make sure to note the name and email address of the person who will sign the reimbursement request in Cognito.



SUBMIT VIA COGNITO REIMBURSEMENT REQUEST PACKET - EXAMPLE

KCHHD Document Submission Form



Kitsap County Human Services - Housing and Homelessness Division Grantees may use this online form to securely submit documents to the Division.

Grantees that are required to submit backup documentation or other documents that may contain personally identifying information (PII) must use a secure method to transmit this information. This form may be used for submitting information to the Division such as: Reimbursement Requests; backup documentation; and other documents where the information must be transmitted securely.

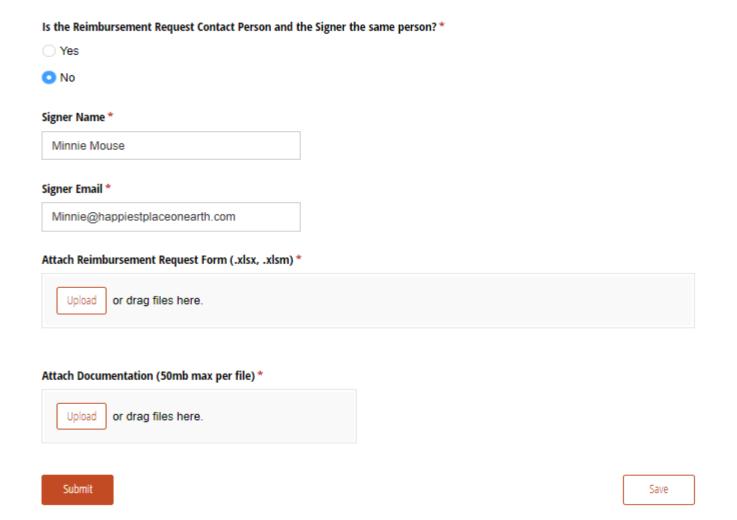
Select the type of document below

- Reimbursement Request
- Other Secure Document

Reimbursement Request Submission

Contract Number *	Contact Person Name *
KC-000-00	Mickey Mouse
Invoice #*	Contact Person Email *
13	Mickey@happiestplaceonearth.com
Grant Program *	Phone
AHGP/HHGP/COVID-19	√ (360) 337-0000

SUBMIT VIA COGNITO REIMBURSEMENT REQUEST PACKET - EXAMPLE

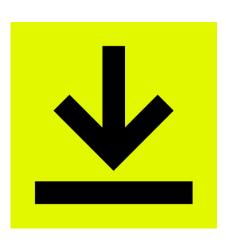












REVIEW AND SIGNING

REVIEW

- Your Excel Reimbursement Request form and your backup documentation will be reviewed for the following:
 - Ensuring that expenses are <u>connected to the Program</u> and <u>necessary</u> to meet the goals and scope of work.
 - Any errors in calculations and that all expenses fall within the date range.
 (Missed expenses or refunds please contact Leah about how to document)
 - All necessary backup documentation is reviewed and included.
 - If there are questions you will be contacted for clarification or corrections.

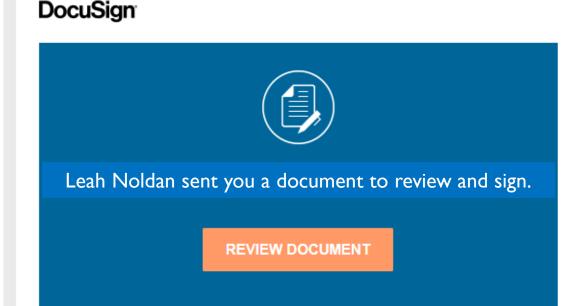
SIGNING

- When your packet has been submitted and reviewed, the final step is to sign.
- A digital signature system called DocuSign is used.
- You will receive an email from DocuSign <u>dse@docusign.net</u> with a link "Review you Documents" within the email.

P Reimbursement Request Form - Arthur Dent

Inbox ×

Leah Noldan via DocuSign In <dse@docusign.net> 10:01 AM (3 minutes ago)
to me *



SIGNING

- Click the "Review Document" link within the email to launch the DocuSign signature system.
- Next Select "Continue"





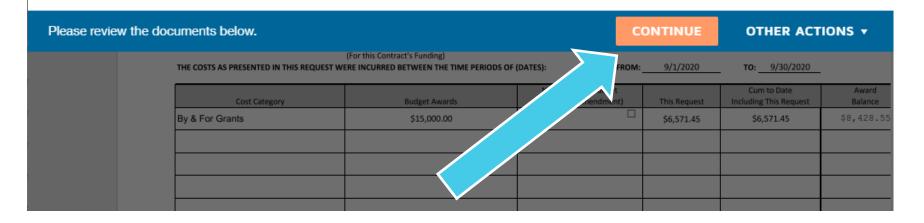
Leah Noldan

Kitsap County Human Services



Powered by **DocuSign**

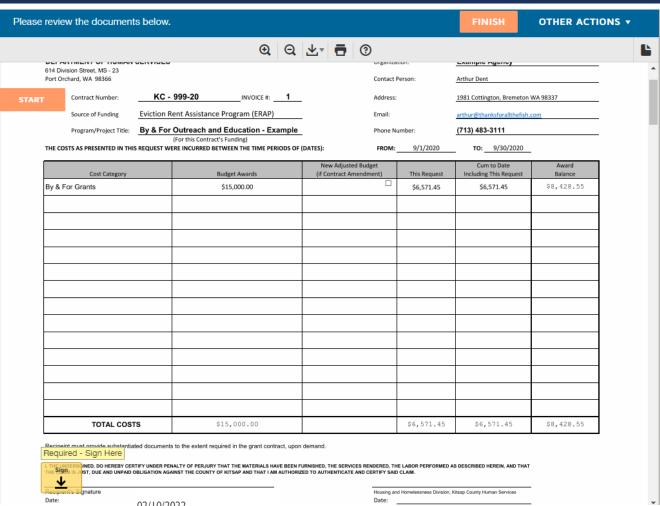
Please use DocuSign to submit all Housing & Homelessness Program Grant Program Reimbursement Requests



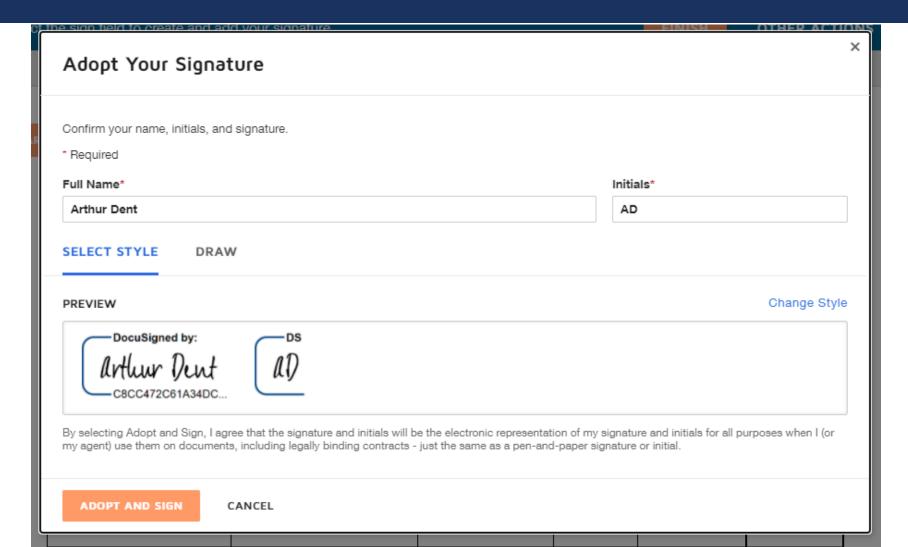
SIGNING

Click the "Sign" button.





ADOPT AND SIGN



SIGN AND FINISH

Total		\$6,571.45

3. Guarantee:

I certify that the statement of work performed above is true and accurate and that the expenses listed above were expended on the project identified in the project budget application and referenced in the contract listed above. I certify that the documentation of these allowable expenses is on file with the agency listed above, and is available for review or request by Kitsap County at any time.

Arthur Dent		02/10/2022
Grantee:Signature	Printed Name	Date

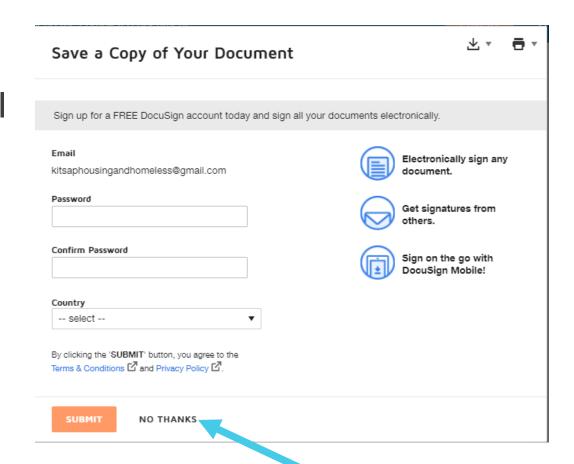
Arthur Dent

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FINISH

SIGNING COMPLETE

Once signed a pop-up will inform you that you have finished signing – and will offer the option to create an account – select "No Thanks" unless you choose to sign up for a free trial. You do not need a personal DocuSign account to complete these reimbursement requests.



COMPLETED REQUEST

- Once both the organizations signer and the Housing and Homelessness Division have completed signing, DocsuSign will send a final "Completed: Reimbursement Request Form" with the signed .pdf file
- Keep a copy of this file with your reimbursement paperwork.

Q&A

CONTACT INFORMATION

- Kitsap County Housing and Homelessness Division
 - Kirsten Jewell, Division Manager, kjewell@co.kitsap.wa.us, (507) 222-9027
 - Leah Noldan, Contracts Coordinator, lnoldan@co.kitsap.wa.us, (360) 337-7289
 - Cory Derenburger, Division Specialist, cderenbu@co.kitsap.wa.us, (360) 362-0404
 - Virginia McCaslin, Grants Program Analyst, vmccaslin@co.kitsap.wa.us