



# ERAP REIMBURSEMENT REQUEST TRAINING

OCT 13<sup>TH</sup> 2020

CORY DERENBURGER – KITSAP COUNTY HUMAN SERVICES – HOUSING AND HOMELESSNESS DIVISION – DIVISION SPECIALIST



# OVERVIEW

- An overview of the reimbursement request process
- Cost categories and allowable expenses
- Backup Documentation
- Completing the Excel ERAP Reimbursement Request form
- Submitting your ERAP Reimbursement Request Packet
- Review & Signing
- Q&A

# QUICK OVERVIEW OF ERAP PROGRAM

- The Eviction Rent Assistance Program (ERAP) Grant is part of Washington State's response to the COVID-19 disaster.
  - The program intends to prevent evictions that would contribute to the spread of the virus by paying past due, current due and future rent.
  - The ERAP is targeting limited resources to those with the greatest needs while working to distribute funds equitably. Its end date is December 31, 2020.
- The goals of the program are to:
  - Prevent evictions
  - Target limited resources to people most likely to become homeless after eviction
  - Target limited resources to people most likely to suffer severe health consequences as a result of eviction
  - Promote equity in who is served, with a focus on equity for groups such as racial or ethnic minority populations, immigrants and refugees, individuals who identify as LGBTQ+, individuals with disabilities or who are deaf, and Native Americans.

# PARTNER AGENCIES

## Rental Assistance Organizations

- Work directly with affected households to:
  - Perform the intake process
  - Process ERAP Applications
  - Provide Rental Assistance funds to landlords directly
  - Track basic household information
  - Reporting

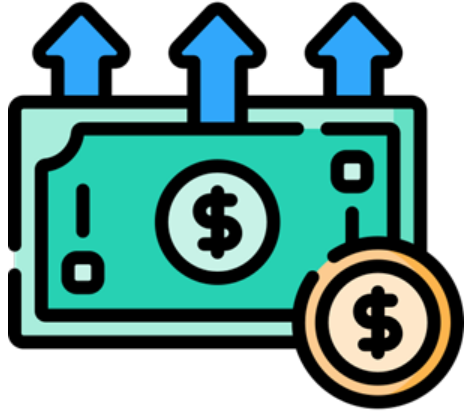
## “By and For” and Other Outreach Organizations

- Work to educate specific target populations about the availability of rental assistance through:
  - Outreach and Education efforts
  - Assisting in applying and completing applications through provisions such as transportation, translation, and other support activities

# REIMBURSEMENT REQUEST PROCESS

1. Incur expenses for eligible activities and services
2. Collect backup documentation to substantiate expenses
3. Complete the Excel ERAP Reimbursement Request form
4. Submit your ERAP Reimbursement Request Packet
5. Review, Signing, and Processing Reimbursement





# ALLOWABLE EXPENSES

## ALLOWABLE EXPENSES



- ERAP Grant funds are granted in several categories, which appear as different budget line items. Contract scopes of work include more details about the anticipated ERAP activities, which will inform the types of expenses that are eligible and allowed.
- Allowable expenses are also contingent on ERAP guidance and grant guidelines from the Department of Commerce.
- **By and For Organizations** – all expenses will fall under the budget line item “By & For Grants”.
- **Other Outreach Organizations** (not “By and For” organizations) expenses will be under Program Operations and Administration, as specified in the grant contract budget.
- **Rental Assistance Partner** organizations will have multiple budget line items, as specified in the grant contract budget.

# ALLOWABLE EXPENSES – RENT ASSISTANCE PARTNERS



Cost Categories	Definition	Example Expenses
<b>Rent</b>	Up to three months of rent payments in any combination of rental arrears, current rent or future rent through December 2020, as defined by Commerce	Rental arrears, current rent, future rent
<b>Program Operations</b>	Operations expenses that are directly attributable to this program	Salaries & benefits for staff costs, including but not limited to program staff, HR staff, bookkeeping, and accounting staff. Intake and assessment, outreach services, data collection and entry, office space, utilities, supplies, phone, internet, training related to grant management or service delivery, general liability insurance and auto insurance.
<b>Administration</b>	<p>Allowable administrative costs benefit the organization as a whole and cannot be attributed specifically to a particular program or to the homeless crisis response system. Administrative costs may include the same types of expenses that are listed in program operations (such as IT staff and office supplies), in the case that these costs are benefiting the agency as a whole and are not attributed to a particular program or the homeless system</p> <p>Amounts billed to administration must be supported by actual costs. If costs in the contract period meet the budget cap, that amount may be charged in equal monthly amounts.</p>	Expenses may include but are not limited to: Director salary & benefits, general organization insurance, organization wide audits, board expenses, organization-wide membership fees and dues, general agency facilities costs such as rent, depreciation, and O&M.



# ALLOWABLE EXPENSES – OTHER OUTREACH ORGANIZATIONS

Cost Categories	Definition	Example Expenses
<b>Program Operations</b>	Operations expenses that are directly attributable to this program	Salaries & benefits for staff costs, including but not limited to program staff, HR staff, bookkeeping, and accounting staff. Intake and assessment, outreach services, data collection and entry, office space, utilities, supplies, phone, internet, training related to grant management or service delivery, general liability insurance and auto insurance.
<b>Administration</b>	<p>Allowable administrative costs benefit the organization as a whole and cannot be attributed specifically to a particular program or to the homeless crisis response system. Administrative costs may include the same types of expenses that are listed in program operations (such as IT staff and office supplies), in the case that these costs are benefiting the agency as a whole and are not attributed to a particular program or the homeless system</p> <p>Amounts billed to administration must be supported by actual costs. If costs in the contract period meet the budget cap, that amount may be charged in equal monthly amounts.</p>	Expenses may include but are not limited to: Director salary & benefits, general organization insurance, organization wide audits, board expenses, organization-wide membership fees and dues, general agency facilities costs such as rent, depreciation, and O&M.

# ALLOWABLE EXPENSES – BY AND FOR ORGANIZATIONS



<b>Cost Categories</b>	<b>Definition</b>	<b>Example Expenses</b>
<b>By and For Grants</b>	Expenses incurred for a wide range of activities which support outreach, education, and direct assistance to diverse underserved populations in applying for ERAP assistance.	Including but not limited to: staffing expenses and reimbursement, training, travel, transportation, application assistance, personal protective equipment, outreach events, driving expenses, printing, advertising, electronic/newsletter publication, and translation/interpreting services or expenses.



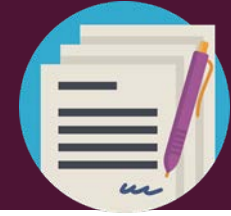
# BACKUP DOCUMENTATION TO SUBSTANTIATE EXPENSES

# BACKUP DOCUMENTATION TO SUBSTANTIATE EXPENSES



- Each organization will incur expenses to meet the goals of the ERAP Program based on the Scope of Work provided in Attachment B: Statement of Work in your contract. These expenses must be connected to the ERAP Program and necessary to meet the goals and scope of work.
- 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 and time sheets
  - Mileage – mileage log
  - Purchases and Services – receipts or invoices from vendors
  - Rent Payments – purchase order, landlord payment agreement form (rental assistance organizations only)
  - Administration and Operations – must be supported by actual costs, which may be billed directly to the program or shared by the agency. Include statements of revenue and expenditures, or other documentation which substantiates expenses for Administration or Program Operations expenses.
- Every expense for which you claim a reimbursement must be accompanied by some form of documentation.

# WAGES AND SALARIES - EXAMPLES

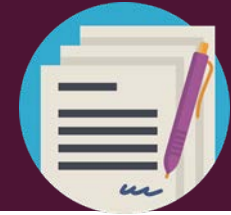


- Wages & Salaries – include time summaries and time sheets
- Time summaries should state:
  - Name of staff or employee who was paid
  - Pay period dates
  - Hours, rate or salary, and amount paid
  - A total of the wages and/or salaries claimed for the reimbursement request period
  - Any benefits 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
	<b>Totals</b>	<b>4378.16</b>	<b>200.00</b>	<b>1231.78</b>	<b>1177.75</b>	<b>6787.69</b>	<b>229.50</b>	<b>7017.19</b>



# 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 the date of invoice or date paid
    - The total amount
    - If the receipt or invoice includes expenses not related to ERAP, highlight the related expenses and include a note of the expenses (plus tax) that is attributed to items or services related to ERAP expenses.

## RECEIPT

LOGO

East Repair Inc.  
1912 Harvest Lane  
New York, NY 12210

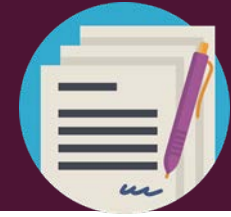
**BILL TO**  
John Smith  
2 Court Square  
New York, NY 12210

**SHIP TO**  
John Smith  
3787 Pineview Drive  
Cambridge, MA 12210

**RECEIPT #** US-001  
**RECEIPT DATE** 11/02/2019  
**P.O.#** 2312/2019  
**DUE DATE** 26/02/2019

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
	Subtotal		145.00
	Sales Tax 6.25%		9.06
	<b>TOTAL</b>		<b>\$154.06</b>

# RENT PAYMENTS - EXAMPLES



- For Rental Partner Assistance Agencies only
- Include Purchase Order and Landlord Payment Agreement Form

**PURCHASE ORDER** 123456

TO:	DATE:		
ADDRESS:	DATE RECEIVED:		
OFFICIAL, SIGNATURE:	UNIT:		
TO:	DATE RECEIVED:		
ADDRESS:	DATE RECEIVED:		
OFFICIAL, SIGNATURE:	UNIT:		
QUANTITY	DESCRIPTION	PRICE	UNIT
1			
2			
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Eviction Rent Assistance Program (ERAP)

## Landlord Payment Agreement Form

Instructions: Use this form if the household is renting from a landlord and there is a formal "rental agreement" or "lease."

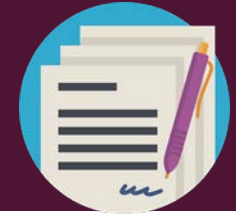
Complete Sections 1 and 2 with head of household. ERAP staff calculates Section 3. Contact landlord to complete Section 4 & 5.

### 1. Household Information, Rental Address/Information

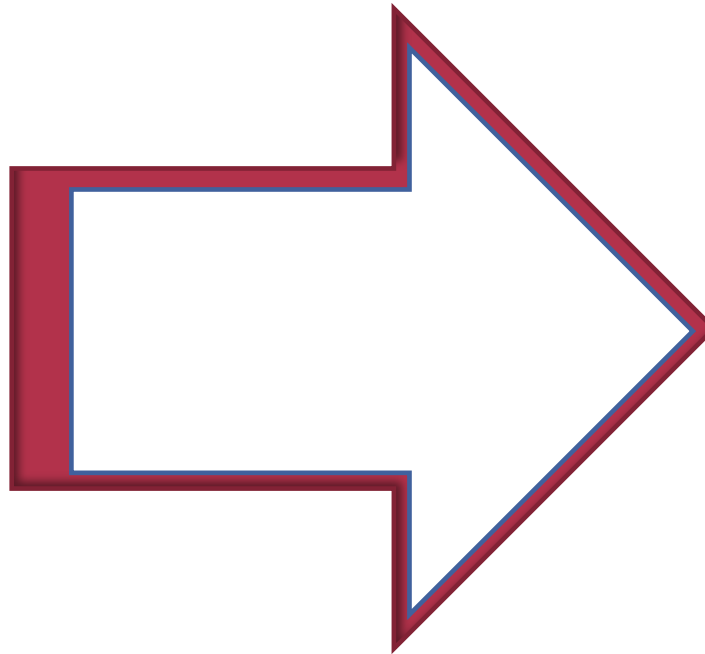
<b>Household ID:</b> <small>(cannot include personal identifying information such as initials or birth date in ID)</small>	<b>Date:</b>
<b>Name:</b>	<b>Phone number:</b>
<b>Street:</b>	
<b>City:</b>	<b>State/Zip Code:</b>
To determine Fair Market Rent, what are the number of bedrooms in <b>rental unit:</b>	
<b>2. Rent Request – limited to 3 months</b>	



# BACKUP DOCUMENTATION TO SUBSTANTIATE EXPENSES



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





# COMPLETE THE EXCEL ERAP REIMBURSEMENT REQUEST FORM

# DOWNLOAD THE EXCEL ERAP REIMBURSEMENT REQUEST FORM

- Visit <https://www.kitsapgov.com/hs/Pages/HH-Grant-Recipients-page.aspx> and download the Excel ERAP Reimbursement Request form

## ERAP Reimbursement Requests

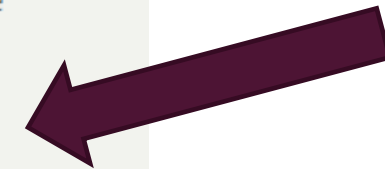
For organizations providing rental assistance and By & For Partners a reimbursement request invoice packet must be submitted by the 14th day of the month following the expenditures. To submit an invoice packet:

Download and complete the [Excel ERAP Reimbursement Request Form](#) (updated 9/29/2020).

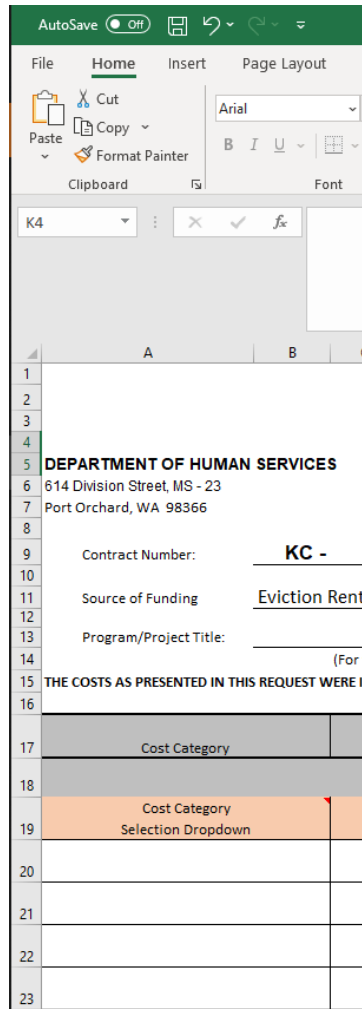
Email an invoice packet; include scans of all required paper forms and include all backup documentation.

a. Email to [cderenbu@co.kitsap.wa.us](mailto:cderenbu@co.kitsap.wa.us).

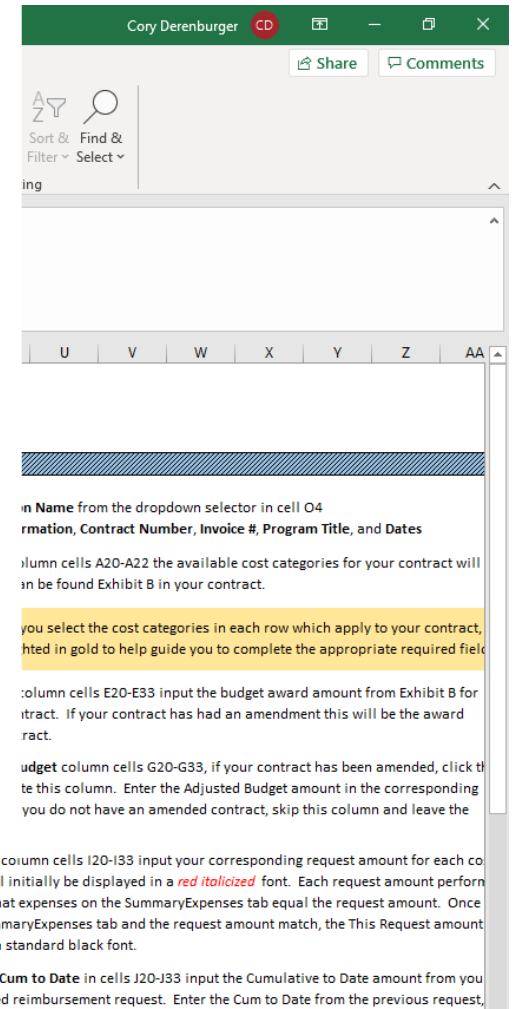
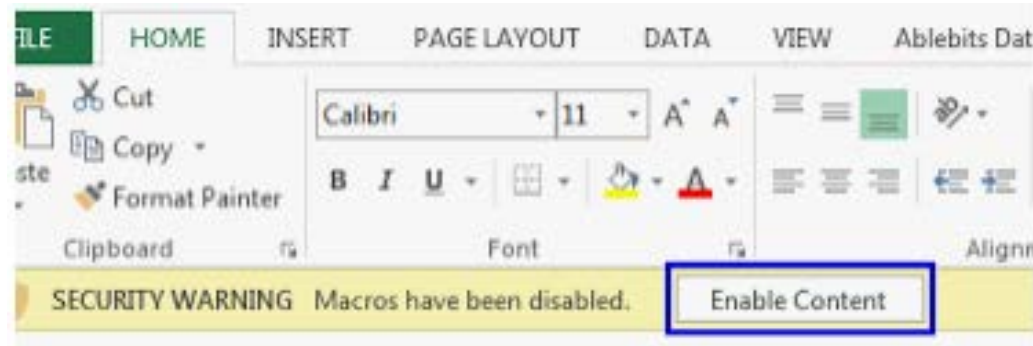
b. Include your completed ERAP Electronic Reimbursement Request spreadsheet in EXCEL (the original format).



# COMPLETE 2020 ERAP REQUEST FORM EXCEL TEMPLATE FOR PACKET.XLSM – RR WORKSHEET TAB



If you are prompted please press to “Enable Content”



# COMPLETE 2020 ERAP REQUEST FORM EXCEL TEMPLATE FOR PACKET.XLSM – RR WORKSHEET TAB

2020 ERAP Request Form Excel Template for Packet.xlsm - Excel


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 **KITSAP COUNTY**  
REIMBURSEMENT REQUEST

DEPARTMENT OF HUMAN SERVICES  
614 Division Street, MS - 23  
Port Orchard, WA 98366

Organization:

Contact Person: \_\_\_\_\_

Contract Number: KC - INVOICE #: \_\_\_\_\_ Address: \_\_\_\_\_

Source of Funding Eviction Rent Assistance Program (ERAP)

Program/Project Title: \_\_\_\_\_  
(For this Contract's Funding)

THE COSTS AS PRESENTED IN THIS REQUEST WERE INCURRED BETWEEN THE TIME PERIODS

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

Step-by-step Instructions

**Start Here:** Select your organization from the drop down menu

**Step 1:** Select your **Organization Name** from the dropdown selector in cell O4

**Step 2:** Complete **Contact Information, Contract Number, Invoice #, Program Title, and Dates**

**Step 3:** In the **Cost Category** column cells A20-A22 the available cost categories for your contract will autofill. The cost categories can be found Exhibit B in your contract.

**Conditional Highlighting** - as you select the cost categories in each row which apply to your contract, required cells will be highlighted in gold to help guide you to complete the appropriate required field

**Step 4:** In the **Budget Awards** column cells E20-E33 input the budget award amount from Exhibit B for each cost category in your contract. If your contract has had an amendment this will be the award amount from the original contract.

**Step 5:** In the **New Adjusted Budget** column cells G20-G33, if your contract has been amended, click the checkbox in cell G19 to activate this column. Enter the Adjusted Budget amount in the corresponding row for each cost category. If you do not have an amended contract, skip this column and leave the checkbox unchecked.

**Step 6:** In the **This Request** column cells I20-I33 input your corresponding request amount for each cost category. The amounts will initially be displayed in a *red italicized* font. Each request amount perform error-checking to ensure that expenses on the SummaryExpenses tab equal the request amount. Once sums of entries on the SummaryExpenses tab and the request amount match, the This Request amount will change formatting to a standard black font.

**Step 7:** In the **Prior Month Cum to Date** in cells J20-J33 input the Cumulative to Date amount from your record of the last completed reimbursement request. Enter the Cum to Date from the previous request,

# COMPLETE 2020 ERAP REQUEST FORM EXCEL TEMPLATE FOR PACKET.XLSM – RR WORKSHEET TAB

**KITSAP COUNTY REIMBURSEMENT REQUEST**

DEPARTMENT OF HUMAN SERVICES  
614 Division Street, MS - 23  
Port Orchard, WA 98366

Organization: [Yellow Dropdown Box]

Contact Person: \_\_\_\_\_

Contract Number: KC - INVOICE #: \_\_\_\_\_

Address: \_\_\_\_\_

Source of Funding: Eviction Rent Assistance Program (ERAP)

Email: \_\_\_\_\_

Program/Project Title: \_\_\_\_\_

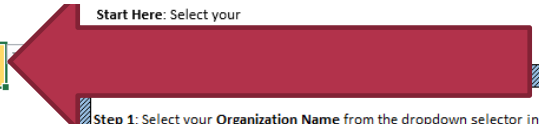
Phon: Number: \_\_\_\_\_

(For this Contract's Funding)

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

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

Step 1: Select your Organization Name from the yellow dropdown box



- Start Here: Select your
- Step 1: Select your **Organization Name** from the dropdown selector in cell O4
  - Step 2: Complete **Contact Information, Contract Number, Invoice #, Program Title, and Dates**
  - Step 3: In the **Cost Category** column cells A20-A22 the available cost categories for your contract will autofill. The cost categories can be found Exhibit B in your contract.
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K4 Kitsap Community Resources

**KITSAP COUNTY REIMBURSEMENT REQUEST**

**DEPARTMENT OF HUMAN SERVICES**  
614 Division Street, MS - 23  
Port Orchard, WA 98366

Contract Number: KC - 351-20 INVOICE #: \_\_\_\_\_

Source of Funding: Eviction Rent Assistance Program (ERAP)

Program/Project Title: Eviction Rental Assistance Program  
(For this Contract's Funding)

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

Organization: Kitsap Community Resources

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Start Here:** Select your organization from the drop down menu

**Input your Contact Person, Address, Email, Phone Number, and Invoice Number**

Cost Category	Budget Awards	New Adjusted Budget (if Contract Amendment)	This Request	Prior Invoice Cum to Date	Cum to Date Including This Request	Award Balance
<b>Complete all GOLD highlighted cells - see Step 3 instructions</b>						
Cost Category Selection Dropdown	Budget Awards	New Adjusted Budget (if Contract Amendment)	This Request	Prior Invoice Cum to Date Total	Cum to Date Including This Request	Award Balance
Administration					\$0.00	\$0.00
Rent					\$0.00	\$0.00
Program Operations					\$0.00	\$0.00

**Step 5:** In the **New Adjusted Budget** column cells G20-G33, if your contract has been amended, click the checkbox in cell G19 to activate this column. Enter the Adjusted Budget amount in the corresponding row for each cost category. If you do not have an amended contract, skip this column and leave the checkbox unchecked.

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K4 Kitsap Community Resources

DEPARTMENT OF HUMAN SERVICES  
614 Division Street, MS - 23  
Port Orchard, WA 98366

Contract Number: KC - 351-20 INVOICE #: \_\_\_\_\_ Address: \_\_\_\_\_  
Source of Funding: Eviction Rent Assistance Program (ERAP) Email: \_\_\_\_\_  
Program/Project Title: Eviction Rental Assistance Program Phone Number: \_\_\_\_\_  
(For this Contract's Funding)

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

Input the date range for the current request period. The From and To dates must be within the contract effective date periods specified in your contract. Request reimbursement for 1-month periods.

Step 2: Complete Contact Information, Contract Number, Invoice #, Program Title, and Dates

Step 3: In the Cost Category column cells A20-A22 the available cost categories for your contract will autofill. The cost categories can be found Exhibit B in your contract.

Conditional Highlighting - as you select the cost categories in each row which apply to your contract, required cells will be highlighted in gold to help guide you to complete the appropriate required field

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



# COMPLETE 2020 ERAP REQUEST FORM EXCEL TEMPLATE FOR PACKET.XLSM – RR WORKSHEET TAB

The cells you are required to fill in will be highlighted in gold.

**Start Here:** Select your organization from the drop down menu

**Step 1:** Select your **Organization Name** from the dropdown selector in cell O4

**Step 2:** Complete **Contact Information, Contract Number, Invoice #, Program Title, and Dates**

**Step 3:** In the **Cost Category** column cells A20-A22 the available cost categories for your contract will autofill. The cost categories can be found Exhibit B in your contract.

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Rent					\$0.00	\$0.00
Program Operations					\$0.00	\$0.00


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K4 Kitsap Community Resources



**KITSAP COUNTY**  
REIMBURSEMENT REQUEST

DEPARTMENT OF HUMAN SERVICES  
614 Division Street, MS - 23  
Port Orchard, WA 98366

Contract Number: **KC - 351-20**

Source of Funding: **Eviction Rent Assistance**

Program/Project Title: **Eviction Rental Assistance**

(For this Contract)

THE COSTS AS PRESENTED IN THIS REQUEST WERE INCURRED

Community Resources

Start Here: Select your organization from the drop down menu

Step 1: Select your Organization Name from the dropdown selector in cell O4

Step 2: Complete Contact Information, Contract Number, Invoice #, Program Title, and Dates

Step 3: In the Cost Category column cells A20-A22 the available cost categories for your contract will autofill. The cost categories can be found Exhibit B in your contract.

**Conditional Highlighting** - as you select the cost categories in each row which apply to your contract, required cells will be highlighted in gold to help guide you to complete the appropriate required field

Step 4: In the Budget Awards column cells E20-E33 input the budget award amount from Exhibit B for each cost category in your contract. If your contract has had an amendment this will be the award amount from the original contract.

Step 5: In the New Adjusted Budget column cells G20-G33, if your contract has been amended, click the checkbox in cell G19 to activate this column. Enter the Adjusted Budget amount in the corresponding row for each cost category. If you do not have an amended contract, skip this column and leave the checkbox unchecked.

Step 6: In the This Request column cells I20-I33 input your corresponding request amount for each cost category. The amounts will initially be displayed in a red italicized font. Each request amount perform error-checking to ensure that expenses on the SummaryExpenses tab equal the request amount. Once sums of entries on the SummaryExpenses tab and the request amount match, the This Request amount will change formatting to a standard black font.

Step 7: In the Prior Month Cum to Date in cells J20-J33 input the Cumulative to Date amount from your record of the last completed reimbursement request. Enter the Cum to Date from the previous request.

Type in your Award Amount for each corresponding cost category. You can find your Award Amount in your contract in Attachment C: Budget Summary

Cost Category	Budget Awards	New Adjusted Budget (if Contract Amendment)	This Request	Prior Invoice Cum to Date Total	Cum to Date Including This Request	Award Balance
Administration					\$0.00	\$0.00
Rent					\$0.00	\$0.00
Program Operations					\$0.00	\$0.00

all GOLD highlighted cells - see Step 3 instructions


# COMPLETE 2020 ERAP REQUEST FORM EXCEL TEMPLATE FOR PACKET.XLSM – RR WORKSHEET TAB

2020 ERAP Request Form Excel Template for Packet.xlsm - Excel

File Home Insert Page Layout Formulas Data Review View Developer Help

Clipboard Font Alignment Number Styles Cells Editing

K4 Kitsap Community Resources



**KITSAP COUNTY**  
REIMBURSEMENT REQUEST

DEPARTMENT OF HUMAN SERVICES  
614 Division Street, MS - 23  
Port Orchard, WA 98366

Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
FROM: \_\_\_\_\_

Contract Number: KC - 351-20 INVOICE #: \_\_\_\_\_  
Source of Funding: Eviction Rent Assistance Program (ERAP)  
Program/Project Title: Eviction Rental Assistance Program  
(For this Contract's Funding)

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

Cost Category	Budget Awards	New Adjusted Budget (if Contract Amendment)	This Request	Cum to Date Including This Request	Award Balance
Administration				\$0.00	\$0.00
Rent				\$0.00	\$0.00
Program Operations				\$0.00	\$0.00

In the Prior Cum to Date input the cumulative to date amount from your last submitted request. This will aid in calculating your current Cum to Date by summing your This Request amount with your previous Cum to Date amount. If this will be your first reimbursement request, enter \$0

Step 5: In the **New Adjusted Budget** column cells G20-G33, if your contract has been amended, click the checkbox in cell G19 to activate this column. Enter the Adjusted Budget amount in the corresponding row for each cost category. If you do not have an amended contract, skip this column and leave the checkbox unchecked.

Step 6: In the **This Request** column cells I20-I33 input your corresponding request amount for each cost category. The amounts will initially be displayed in a *red italicized* font. Each request amount perform error-checking to ensure that expenses on the SummaryExpenses tab equal the request amount. Once sums of entries on the SummaryExpenses tab and the request amount match, the This Request amount will change formatting to a standard black font.

Step 7: In the **Prior Month Cum to Date** in cells J20-J33 input the Cumulative to Date amount from your record of the last completed reimbursement request. Enter the Cum to Date from the previous request,

# COMPLETE 2020 ERAP REQUEST FORM EXCEL TEMPLATE FOR PACKET.XLSM – SUMMARYEXPENSES WORKSHEET TAB



Department of Human Services

Housing and Homelessness Division  
 ERAP - Eviction Rent Assistance Program  
 Grant Reimbursement Request - Extended

Organization Name:

Contract #:

Invoice #:

KC-

**1. Statement of Work Performed:**

--

**2. Summary of Expenses:**

Cost Category	Description (Vendor, Invoice, Receipt, Staff, Mileage (\$0.575/mile))	Expenditure Date	Amount



**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 (Cost Categories include Administration, Rent, Program Operations, and By & For). By and For Partners will ONLY use the Cost Category "By & For" for all expenses. 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

# COMPLETE 2020 ERAP REQUEST FORM EXCEL TEMPLATE FOR PACKET.XLSM – SUMMARYEXPENSES WORKSHEET TAB



Department of Human Services

**Housing and Homelessness Division  
ERAP - Eviction Rent Assistance Program  
Grant Reimbursement Request - Extended**

**Organization Name:**

**Contract #:**

**Invoice #:**

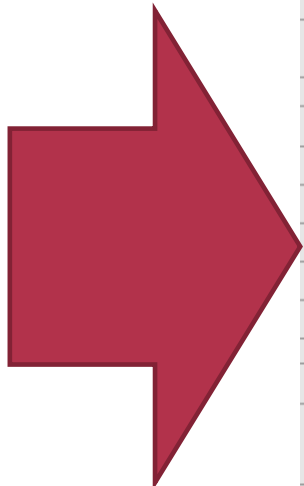
KC-

**1. 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.

**2. Summary of Expenses:**

<b>Cost Category</b>	<b>Description</b> (Vendor, Invoice, Receipt, Staff, Mileage (\$0.575/mile))	<b>Expenditure Date</b>	<b>Amount</b>

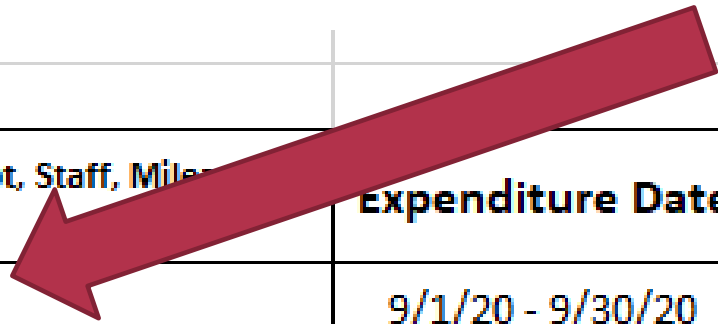


# SUMMARY EXPENSES WORKSHEET TAB – RENTAL ASSISTANCE PARTNER EXAMPLE

## 2. Summary of Expenses:

Cost Category	Description (Vendor, Invoice, Receipt, Staff, Mileage (\$0.575/mile))	Expenditure Date	Amount	*
Program Operations	John Smith	9/1/20 - 9/30/20	\$786.54	*
Program Operations	John Smith - Mileage, 30mi	9/1/20 - 9/30/20	\$17.25	*
Program Operations	Verizon Wireless - Duty Phone	9/20/2020	\$30.00	*
Program Operations	Staples - Copier paper	9/21/2020	\$19.86	*
Rent	Hilltop Housing PLLC (Dent, Sept-Nov)	9/30/2020	\$2,551.40	*

Staff Wages for employee "John Smith" the month of September. Make sure to include a time summary for this entry in your backup documentation

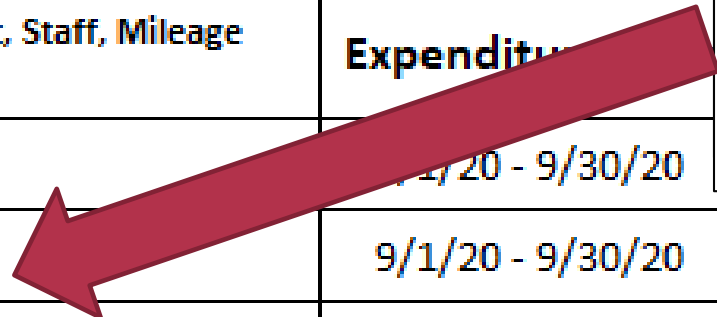


# SUMMARY EXPENSES WORKSHEET TAB – RENTAL ASSISTANCE PARTNER EXAMPLE

## 2. Summary of Expenses:

Cost Category	Description (Vendor, Invoice, Receipt, Staff, Mileage (\$0.575/mile))	Expenditure Date	Amount	
Program Operations	John Smith	9/1/20 - 9/30/20		
Program Operations	John Smith - Mileage, 30mi	9/1/20 - 9/30/20	\$17.25	*
Program Operations	Verizon Wireless - Duty Phone	9/20/2020	\$30.00	*
Program Operations	Staples - Copier paper	9/21/2020	\$19.86	*
Rent	Hilltop Housing PLLC (Dent, Sept-Nov)	9/30/2020	\$2,551.40	*

Mileage for employee "John Smith" the month of September, includes miles traveled and total amount. Make sure to include a mileage log in your backup documentation.

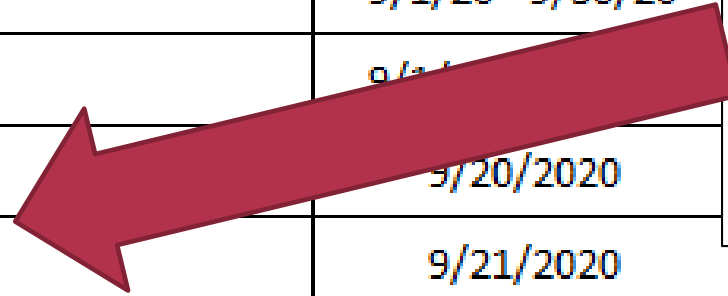


# SUMMARY EXPENSES WORKSHEET TAB – RENTAL ASSISTANCE PARTNER EXAMPLE

## 2. Summary of Expenses:

Cost Category	Description (Vendor, Invoice, Receipt, Staff, Mileage (\$0.575/mile))	Expenditure Date	Amount
Program Operations	John Smith	9/1/20 - 9/30/20	
Program Operations	John Smith - Mileage, 30mi	9/1/20	
Program Operations	Verizon Wireless - Duty Phone	9/20/2020	
Program Operations	Staples - Copier paper	9/21/2020	\$19.86 *
Rent	Hilltop Housing PLLC (Dent, Sept-Nov)	9/30/2020	\$2,551.40 *

Cell phone used for the ERAP program, and copy paper for ERAP printing. Make sure to include Verizon Wireless bill/invoice and Staples receipt in backup documentation



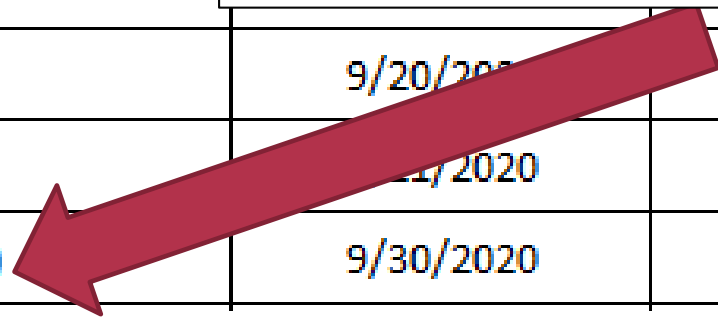


# SUMMARY EXPENSES WORKSHEET TAB – RENTAL ASSISTANCE PARTNER EXAMPLE

## 2. Summary of Expenses:

Cost Category	Description (Vendor, Invoice, Receipt, Staff, Mileage (\$0.575/mile))			
Program Operations	John Smith			
Program Operations	John Smith - Mileage, 30mi			
Program Operations	Verizon Wireless - Duty Phone	9/20/2020	\$30.00	*
Program Operations	Staples - Copier paper	11/2020	\$19.86	*
Rent	Hilltop Housing PLLC (Dent, Sept-Nov)	9/30/2020	\$2,551.40	*

Rent payment expense – include Vendor that was paid (business name, landlord, or friend/family name), last name of client, and the months covered. Include Purchase Order and ERAP landlord sheet in backup documentation.

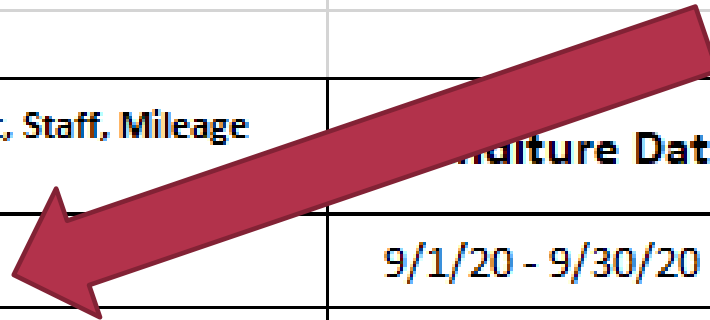


# SUMMARY EXPENSES WORKSHEET TAB BY AND FOR ORGANIZATION EXAMPLE

## 2. Summary of Expenses:

Cost Category	Description (Vendor, Invoice, Receipt, Staff, Mileage (\$0.575/mile))	Signature Date		
By & For	Ford Prefect - Hourly	9/1/20 - 9/30/20	\$550.00	*
By & For	Ford Prefect - ERAP Training	9/15/2020	\$30.00	*
By & For	Ford Prefect - Mileage, 123mi	9/1/20 - 9/30/20	\$70.73	*
By & For	Kitsap Sun - Publishing	9/16/2020	\$375.00	*
By & For	Staples - Copier paper	9/18/2020	\$30.00	*
By & For	Cruz, Ramirez - In-Person Translation Services	9/30/2020	\$625.00	*

Staff Wages for employee "Ford Prefect" the month of September. Make sure to include a time summary for this entry in your backup documentation

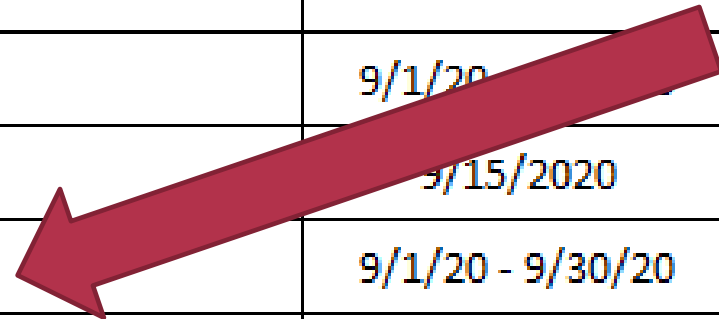


# SUMMARY EXPENSES WORKSHEET TAB BY AND FOR ORGANIZATION EXAMPLE

## 2. Summary of Expenses:

Cost Category	Description (Vendor, Invoice, Receipt, Staff, Mileage (\$0.575/mile))	Expenditure Date	
By & For	Ford Prefect - Hourly	9/1/20	
By & For	Ford Prefect - ERAP Training	9/15/2020	
By & For	Ford Prefect - Mileage, 123mi	9/1/20 - 9/30/20	\$70.73 *
By & For	Kitsap Sun - Publishing	9/16/2020	\$375.00 *
By & For	Staples - Copier paper	9/18/2020	\$30.00 *
By & For	Cruz, Ramirez - In-Person Translation Services	9/30/2020	\$625.00 *

Mileage for employee "Ford prefect" the month of September, includes miles traveled and total amount. Make sure to include a mileage log in your backup documentation.



# SUMMARY EXPENSES WORKSHEET TAB BY AND FOR ORGANIZATION EXAMPLE

## 2. Summary of Expenses:

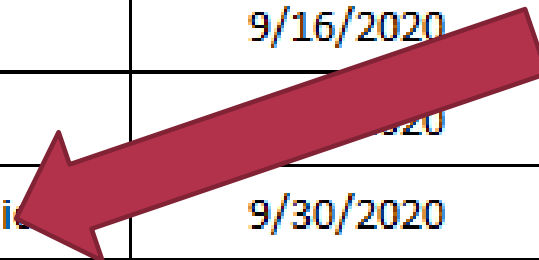
Cost Category	Description (Vendor, Invoice, Receipt, Staff, Mileage (\$0.575/mile))	Expenditure Date	Amount	
By & For	Ford Prefect - Hourly	9/1/20 - 9/30/20	Copy paper for ERAP printing and Kitsap Sun Ad printing. Make sure to include Kitsap Sun invoice and Staples receipt in backup documentation	
By & For	Ford Prefect - ERAP Training	9/15/2020		
By & For	Ford Prefect - Mileage, 123mi	9/1/20 - 9/30/20		
By & For	Kitsap Sun - Publishing	9/16/2020		
By & For	Staples - Copier paper	9/18/2020		\$30.00 *
By & For	Cruz, Ramirez - In-Person Translation Services	9/30/2020		\$625.00 *

# SUMMARY EXPENSES WORKSHEET TAB BY AND FOR ORGANIZATION EXAMPLE

## 2. Summary of Expenses:

Cost Category	Description (Vendor, Invoice, Receipt, Staff, Mileage (\$0.575/mile))	Expenditure Date	Amount
By & For	Ford Prefect - Hourly	9/1/20 - 9/30/20	\$550.00
By & For	Ford Prefect - ERAP Training	9/15/2020	
By & For	Ford Prefect - Mileage, 123mi	9/1/20 - 9/30/20	
By & For	Kitsap Sun - Publishing	9/16/2020	
By & For	Staples - Copier paper	9/30/2020	
By & For	Cruz, Ramirez - In-Person Translation Service	9/30/2020	

Contracted translation service from staff or outside translation agency. If staff include in time summary for translation time, or if outside contract include invoice for services performed.





# EMAIL INVOICE PACKET

## 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.



# EMAIL REIMBURSEMENT REQUEST PACKET

- Prepare an email to [cderenbu@co.kitsap.wa.us](mailto:cderenbu@co.kitsap.wa.us)
- Include:
  - All backup documentation scanned to substantiate expenses (itemized receipts, time summaries, mileage logs, ect.)
  - The completed Excel ERAP Reimbursement Request form Excel file.
  - Include in the subject line “ERAP” and your Organization name and/or Contract Number
  - If you have many separate files and your email limits the number of attachments, you may compress your files into a .zip file
  - 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.





## EMAIL REIMBURSEMENT REQUEST PACKET

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



# EMAIL REIMBURSEMENT REQUEST PACKET - EXAMPLE



To

Cory Derenburger;

Cc

Bcc

Subject

ERAP - My Organization KC-999 September Reimbursement Request



Use Adobe Send & Track [Yes](#) [No](#) 

Hello Cory,

I am submitting the September reimbursement request for My Organization for the month of September. Attached is the Excel RR workbook and my backup documentation. Please let me know if you have any questions!

Thank you,  
Cory



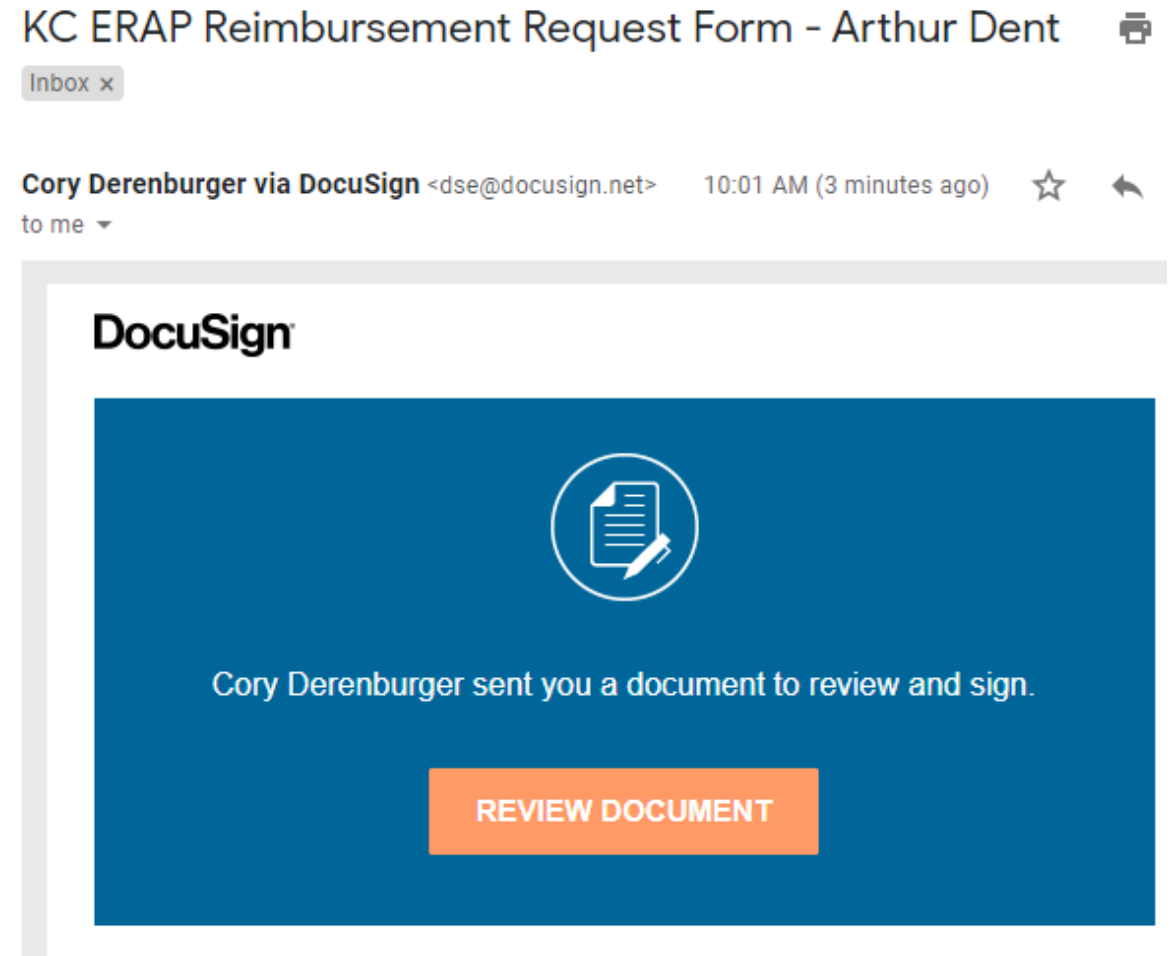
## REVIEW AND SIGNING

## REVIEW

- Your Excel ERAP Reimbursement Request form and your backup documentation will be reviewed for the following:
  - Ensuring that expenses are connected to the ERAP Program and necessary 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 Cory 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 [dse@docusign.net](mailto:dse@docusign.net) with a link “Review your Documents” within the email.




# SIGNING

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

Please Review & Act on These Documents



 **Cory Derenburger**  
Kitsap County Human Services

Powered by **DocuSign**

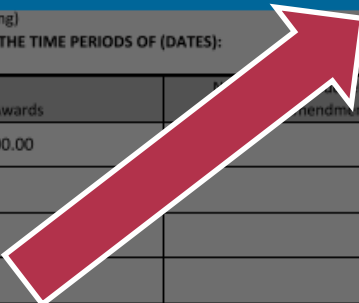
Please use DocuSign to submit all Housing & Homelessness Program Grant Program Reimbursement Requests

Please review the documents below. [CONTINUE](#) [OTHER ACTIONS ▾](#)

(For this Contract's Funding)

THE COSTS AS PRESENTED IN THIS REQUEST WERE INCURRED BETWEEN THE TIME PERIODS OF (DATES): FROM: 9/1/2020 TO: 9/30/2020

Cost Category	Budget Awards	Request (Amendment)	This Request	Cum to Date Including This Request	Award Balance
By & For Grants	\$15,000.00	<input type="checkbox"/>	\$6,571.45	\$6,571.45	\$8,428.55





# ADOPT AND SIGN

Adopt Your Signature ×



Confirm your name, initials, and signature.

\* Required

**Full Name\***  **Initials\***

[SELECT STYLE](#) [DRAW](#)

**PREVIEW** [Change Style](#)

DocuSigned by:   DS  
C8CC472C61A34DC...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

[ADOPT AND SIGN](#) [CANCEL](#)



# SIGN AND FINISH

<b>Total</b>			<b>\$6,571.45</b>

### 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.

DocuSigned by:

*Arthur Dent*

Grantee Signature

Printed Name

10/13/2020

Date

Arthur Dent

**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.

### Save a Copy of Your Document

Sign up for a FREE DocuSign account today and sign all your documents electronically.

Email  
kitsaphousingandhomeless@gmail.com

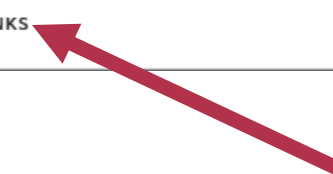
Password

Confirm Password

Country  
-- select --

By clicking the 'SUBMIT' button, you agree to the [Terms & Conditions](#) and [Privacy Policy](#).

**SUBMIT** NO THANKS



- Electronically sign any document.
- Get signatures from others.
- Sign on the go with DocuSign Mobile!

## COMPLETED REQUEST

- Once both the organizations signer and the Housing and Homelessness Division Specialist have completed signing, DocuSign will send a final “Completed: KC ERAP 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](mailto:kjewell@co.kitsap.wa.us), 507-222-9027
  - Cory Derenburger, Division Specialist, [cderenbu@co.kitsap.wa.us](mailto:cderenbu@co.kitsap.wa.us), (360) 362-0404