



**Community Development and Housing Agency**  
**Office of Homeless Services**

# HEAP Workshop

## September 18, 2019

- Office of Homeless Services Staff
  - Dawn Jones      Administrative Supervisor I
  - Karol Hamman   Staff Analyst II
  - Deanna Luttrell   Program Specialist I

- Welcome and Introductions
- Monthly Reports
- Funding Requests
- Homeless Status Certification Forms
- Questions and Answers
- Adjournment

## Where to look:

- HEAP Contract
- San Bernardino County Homeless Partnership Website:  
<http://wp.sbcounty.gov/dbh/sbchp/>

## Whom to ask:

- Office of Homeless Services  
*Exception: If a subcontractor, ask contractor*

- Important to remember:
  - Always start with current version of the Report
  - “Individuals” and “Persons” refer to both adults and children
  - Report expenditures and performance/number served only for those individuals for whom you have verified HEAP eligibility (i.e., completed HEAP Homeless Status Certification)

- Important to remember (continued):
  - Month/Year consistent with Service Date From and Service Date To
  - Contract Period
  - Enter information (\$ or #) for all Contracted Activities even if zero (0)
  - Refer to Exhibit 1 of HEAP Contract for list of Contracted Activities
  - Total Monthly Individuals Referred to WDD

# Known Issues – Reports – Summary Form

Month/Year → Service Date From and Service Date To

HOMELESS EMERGENCY AID PROGRAM - MONTHLY EXPENDITURE REPORT						
Agency:					COUNTY USE ONLY	
Address:					TOTAL EXPEDITURES	
Contract No.:	Month/Year:	Invoice #:				
				INELIGIBLE EXPEDITURES		
PO Number:	Service Date From:	Service Date To:				
				TOTAL ELIGIBLE EXPEDITURES		
Contract Period:					\$	-
SUMMARY						
Contract Amount	Interest Accrued (Cumulative)	Current Month Expenditures	Cumulative Prior Expenditures	Cumulative Expenditures	Balance Remaining	
				\$	-	\$ -

# Known Issues – Reports – Summary (continued)

## Contract Period

HOMELESS EMERGENCY AID PROGRAM - MONTHLY EXPENDITURE REPORT						
Agency:					COUNTY USE ONLY	
Address:					TOTAL EXPEDITURES	
Contract No.:	Month/Year:	Invoice #:				
				INELIGIBLE EXPEDITURES		
PO Number:	Service Date From:	Service Date To:				
				TOTAL ELIGIBLE EXPEDITURES		
Contract Period:					\$	-
SUMMARY						
Contract Amount	Interest Accrued (Cumulative)	Current Month Expenditures	Cumulative Prior Expenditures	Cumulative Expenditures	Balance Remaining	
				\$ -	\$ -	



# Known Issues – Reports – Summary (continued)

## Contract Amount, Interest Accrued, Expenditures

HOMELESS EMERGENCY AID PROGRAM - MONTHLY EXPENDITURE REPORT						
Agency:					COUNTY USE ONLY	
Address:					TOTAL EXPEDITURES	
Contract No.:	Month/Year:	Invoice #:				
				INELIGIBLE EXPEDITURES		
PO Number:	Service Date From:	Service Date To:				
				TOTAL ELIGIBLE EXPEDITURES		
Contract Period:					\$	-
SUMMARY						
Contract Amount	Interest Accrued (Cumulative)	Current Month Expenditures	Cumulative Prior Expenditures	Cumulative Expenditures	Balance Remaining	
				-	\$ -	

## Where to Report Services Activities

Activity		A - Services	B - Rental Assistance or Subsidies	C - Capital Improvements	D - Homeless Youth Set-Aside
A1	Street Outreach				
A2	Health & Safety Education				
A3	Criminal Outreach Diversion Programs				
A4	Prevention Services				
A5	Navigation Services				
A6	Case Management				
A7	Operating Support for Short-Term or Comprehensive Homeless Services				
A8	Other <i>*enter total and provide details below</i>	\$ -			

# Known Issues – Expenditure Report (continued)

Where to Report Rental Assistance or Subsidies Activities

		EXPENDITURE DETAIL			
Activity	A - Services	B - Rental Assistance or Subsidies	C - Capital Improvements	D - Homeless Youth Set-Aside	
<del>A1 Street Outreach</del>					
<del>A2 Health &amp; Safety Education</del>					
<del>A3 Criminal Outreach Diversion</del>					
<del>A4 Prevention Services</del>					
<del>A5 Navigation Services</del>					
<del>A6 Case Management</del>					
<del>A7 Operating Support for Court</del>					
<del>A8 Other *enter total and</del>					
B1 Housing Vouchers					
B2 Rapid Re-Housing Programs					
B3 Eviction Prevention Strategies					
B4 Other *enter total and provide details below		\$ -			

## Where to Report “Other” Activities

\*Other Details: Use this section to provide detailed explanation of "Other" Activity expenditures (e.g., motel/hotel vouchers, bridge housing, transportation, hygiene items, clothing, food, etc.). Define Activity and include total of expenditures under appropriate column for each.

	Other Activity (define)	A8 - Other Services	B4 - Other Rental Assistance or Subsidies	C5 - Other Capital Improvements
1				
2				
3				
4				
5				
	OTHER SUBTOTAL	\$ -	\$ -	\$ -

# Known Issues – Reports – Number Served Detail

## Total Monthly Individuals Referred to WDD

NUMBER SERVED DETAIL				
Activity	A - Services	B - Rental Assistance or Subsidies	C - Capital Improvements	D - Homeless Youth Set-Aside
A1 Street Outreach				
A2 Health & Safety Education				
A3 Criminal Outreach Diversion				
A4 Prevention Services				
A5 Navigation Services				
A6 Case Management				
A7 Operating Support for Short-				
A8 Other *enter total and	0			
B1 Housing Vouchers				
B2 Rapid Re-Housing Programs				
B3 Eviction Prevention				
B4 Other *enter total and		0		
C1 Emergency Shelter				
C2 Transitional Housing				
C3 Drop-in Centers				
C4 Permanent Supportive				
C5 Other *enter total and			0	
D1 Homeless Youth Set-Aside				
<b>SUBTOTAL</b>	0	0	0	0
<b>TOTAL MONTHLY INDIVIDUALS SERVED</b>				0
<b>TOTAL MONTHLY INDIVIDUALS REFERRED TO WDD</b>				

# Known Issues – Performance Report - Summary

Where to Report numbers for Services Activities

SUMMARY					
Number of:	A- Services	B - Rental Assistance or Subsidies	C - Capital Improvements	D - Homeless Youth Set-Aside	Totals
Persons Served					0
Instance of Service					0
Homeless					0
At Imminent Risk of Homelessness					0
Unsheltered Becoming Sheltered					0
Homeless Entering Perm Housing					0
Chronically Homeless					0
Veterans					0
Unaccompanied Homeless Youth (18-					0
Unaccompanied Homeless Youth (<18)					0
Homeless in Families without Children					0
Homeless in Families with Children					0
Unaccompanied Women					0

# Known Issues – Performance Report – Breakdown Detail

Make an entry in every field; numbers are not expected to be unique

<b>NUMBER SERVED BY SUBPOPULATION - BREAKDOWN DETAIL</b>					
<b>Number of:</b>	<b>Homeless</b>	<b>At Imminent Risk of Homelessness</b>	<b>Instance of Service</b>	<b>Unsheltered Becoming Sheltered</b>	<b>Homeless Entering Permanent</b>
<b>Chronically Homeless</b>					
<b>Veterans</b>					
<b>Unaccompanied Homeless Youth (18-24)</b>					
<b>Unaccompanied Homeless Youth (&lt;18)</b>					
<b>Homeless in Families without Children</b>					
<b>Homeless in Families with Children</b>					
<b>Unaccompanied Women</b>					
<b>SUBTOTAL</b>	0	0	0	0	0

# Known Issues – Funding Request - Summary

## Contract Amount, Interest Accrued, Cumulative Prior Requests

FUNDING REQUEST SUMMARY					
Contract Amount	Interest Accrued (Cumulative)	Current Funding Request	Cumulative Prior Requests	Cumulative Funding Requests	Balance Remaining
		\$ -		\$ -	\$ -
Provide a complete explanation below for each the following:					
1. How Agency will use requested funding. <i>Use <u>Funding Request - Expenditures</u> and <u>Funding Request - Number Served</u> forms to breakdown expenditures and number served by Activity.</i>					
2. If amount requested is more or less than 12.5% (1/8) of the Contract Amount, why.					
3. If the current request is less than three (3) months since the prior request, why.					
4. Add any other explanation(s) pertinent to this funding request (e.g., why no funding requested).					



# Known Issues – Funding Request – Summary (continued)

## Explanation for Requested HEAP Funding

FUNDING REQUEST SUMMARY					
Contract Amount	Interest Accrued (Cumulative)	Current Funding Request	Cumulative Prior Requests	Cumulative Funding Requests	Balance Remaining
		\$ -		\$ -	\$ -

Provide a complete explanation below for each the following:

1. How Agency will use requested funding.

*Use Funding Request - Expenditures and Funding Request - Number Served forms to breakdown expenditures and number served by Activity.*

2. If amount requested is more or less than 12.5% (1/8) of the Contract Amount, why.

3. If the current request is less than three (3) months since the prior request, why.

4. Add any other explanation(s) pertinent to this funding request (e.g., why no funding requested).

XYZ Agency has a HEAP Contract, in the amount of \$165,000, for the contract period of April 30, 2019 through June 30, 2021 to provide the following HEAP Activities:

- Services: Street Outreach, Navigation Services, Other – Transportation
- Rental Assistance or Subsidies: Rapid Re-Housing Programs, and Other – Landlord Incentives

In September 2019, XYZ expended \$7,207.23 in HEAP funded Activities. Prior HEAP Expenditures total \$7,062.45. No interest accrued on HEAP funds.

# Sample Scenario – Expenditure Summary

HOMELESS EMERGENCY AID PROGRAM - MONTHLY EXPENDITURE REPORT						
Agency:	XYZ Agency				COUNTY USE ONLY	
Address:	303 E. Vanderbilt Way, San Bernardino, CA 92415				TOTAL EXPEDITURES	
Contract No.:	Month/Year:	Invoice #:				
18-000	Sep-19	92019		INELIGIBLE EXPEDITURES		
PO Number:	Service Date From:	Service Date To:				
1234567890	9/1/2019	9/30/2019		TOTAL ELIGIBLE EXPEDITURES		
Contract Period:	April 30, 2019 through June 30, 2021				\$	-
SUMMARY						
Contract Amount	Interest Accrued (Cumulative)	Current Month Expenditures	Cumulative Prior Expenditures	Cumulative Expenditures	Balance Remaining	
\$ 165,000.00	\$ -	\$ 7,207.23	\$ 7,062.45	\$ 14,269.68	\$ 150,730.32	

Expenditures of \$7,207.23 broken out as follows:

- \$1,357.23: Street Outreach to 8 individuals (5 single adults and 1 family of two adults and one child)
- \$1,750.00: Navigation Services to 3 individuals (1 family)
- \$200.00: Other – Transportation to 3 individuals (1 family)
- \$3,400.00: Rapid Re-Housing Programs to 3 individuals (1 family)
- \$500.00: Other – Landlord Incentives to 3 individuals (1 family)

Note: Family of 3 provided all 5 Activities.

# Sample Scenario – Expenditure Detail Form

EXPENDITURE DETAIL					
Activity		A - Services	B - Rental Assistance or Subsidies	C - Capital Improvements	D - Homeless Youth Set-Aside
A1	Street Outreach	\$ 1,357.23			
A2	Health & Safety Education				
A3	Criminal Outreach Diversion Programs				
A4	Prevention Services				
A5	Navigation Services	\$ 1,750.00			
A6	Case Management				
A7	Operating Support for Short-Term or Comprehensive Homeless Services				
A8	Other *enter total and provide details below	\$ 200.00			
B1	Housing Vouchers				
B2	Rapid Re-Housing Programs		\$ 3,400.00		
B3	Eviction Prevention Strategies				
B4	Other *enter total and provide details below		\$ 500.00		
SUBTOTAL		\$ 3,307.23	\$ 3,900.00	\$ -	\$ -
<b>TOTAL MONTHLY EXPENDITURES</b>					<b>\$ 7,207.23</b>

# Sample Scenario: Expenditure Detail Form, \*Other Details

\*Other Details: Use this section to provide detailed explanation of "Other" Activity expenditures (e.g., motel/hotel vouchers, bridge housing, transportation, hygiene items, clothing, food, etc.). Define Activity and include total of expenditures under appropriate column for each.

	Other Activity (define)	A8 - Other Services	B4 - Other Rental Assistance or Subsidies	C5 - Other Capital Improvements
1	Transportation	\$ 200.00		
2	Landlord Incentives		\$ 500.00	
3				
4				
5				
	OTHER SUBTOTAL	\$ 200.00	\$ 500.00	\$ -

HEAP Activities provided as follows:

- Street Outreach: 8 individuals (5 single adults and 1 family of two adults and one child)
- Navigation Services: 3 individuals (1 family)
- Other – Transportation: 3 individuals (1 family)
- Rapid Re-Housing: 3 individuals (1 family)
- Other – Landlord Incentives: 3 individuals (1 family)

Notes:

- Family of 3 provided all 5 Activities.
- Both adults in family referred to WDD.

# Sample Scenario: Number Served Detail Form

NUMBER SERVED DETAIL					
Activity		A - Services	B - Rental Assistance or Subsidies	C - Capital Improvements	D - Homeless Youth Set-Aside
A1	Street Outreach	8			
A2	Health & Safety Education				
A3	Criminal Outreach Diversion Programs				
A4	Prevention Services				
A5	Navigation Services	3			
A6	Case Management				
A7	Operating Support for Short-Term or Comprehensive Homeless Services				
A8	Other *enter total and provide details below	3			
B1	Housing Vouchers				
B2	Rapid Re-Housing Programs		3		
B3	Eviction Prevention Strategies				
B4	Other *enter total and provide details below		3		
<b>SUBTOTAL</b>		<b>14</b>	<b>6</b>	<b>0</b>	<b>0</b>
<b>TOTAL MONTHLY INDIVIDUALS SERVED</b>					<b>20</b>
<b>TOTAL MONTHLY INDIVIDUALS REFERRED TO WDD</b>					<b>2</b>



# Sample Scenario: Number Served Detail Form, \*Other Details

\*Other Details: Use this section to provide detailed explanation of "Other" Activity numbers served (e.g., motel/hotel vouchers, bridge housing, transportation, hygiene items, clothing, food, etc.). Define Activity and include total number of individuals served under appropriate column for each.

	Other Activity (define)	A8 - Other Services	B4 - Other Rental Assistance or Subsidies	C5 - Other Capital Improvements
1	<b>Transportation</b>	3		
2	<b>Landlord Incentives</b>		3	
3				
4				
5				
	OTHER SUBTOTAL	3	3	0

- Street Outreach of \$1,357.23:
  - Staff Salary of \$1,300 and Mileage of \$57.23
  - A1 – Street Outreach – Detail Form
- Navigation Services of \$1,750.00:
  - Staff Salary of \$1,050 and Office Space of \$500
  - A5 – Navigation Services – Detail Form
- Other – Transportation of \$200:
  - Uber of \$200
  - A8 – Other – Detail Form

- Rapid Re-Housing of \$3,400:
  - Rent and Security of \$3,000, Utility Deposits of \$200, and Staff Salary of \$200
  - B2 – Rapid Re-Housing – Detail Form
  - B2 – Rapid Re-Housing – Detail (continued) Form
- Other – Landlord Incentives of \$500
  - Landlord Incentives of \$500
  - B4 – Other – Detail Form

# Sample Scenario: Street Outreach – Detail Form

A1 - STREET OUTREACH - DETAIL								
	Staff/Vendor Name	Incurred Date/Pay Period	Amount	Paid Date	Total Invoice Amount	HEAP % Charged	HEAP Charge	
Salary	John Smith	Sep-19	\$ 1,500.00	9/20/2019	\$ 1,500.00	50.00%	\$ 750.00	
	John Smith	Sep-19	\$ 1,000.00	10/4/2019	\$ 1,000.00	50.00%	\$ 500.00	
	John Smith	Sep-19	\$ 1,000.00	10/18/2019	\$ 1,000.00	5.00%	\$ 50.00	
	Total HEAP Salary Cost							\$ 1,300.00
Contract	Total HEAP Sub-contract/Consultant Cost							\$ -
Contract	Total HEAP Space Rent							\$ -
Contract	Total HEAP Consumable Cost							\$ -
Rent/Lease	Total HEAP Rent/Lease Equipment Cost							\$ -
Insurance	Total HEAP Insurance Cost							\$ -
Travel	John Smith - mileage	Sep-19		9/30/2019	\$ 57.23	100.00%	\$ 57.23	
	Total HEAP Travel Cost							\$ 57.23
Total Monthly Expenditure							\$ 1,357.23	
Total Number of Individuals Assisted							8	

# Sample Scenario: B2 – Rapid Re-Housing – Detail Form

## B2- RAPID RE-HOUSING - DETAIL

	Customer Name	Description	Amount	Payment Method	# of Adults	# of Children	City of Residency
1	Adam Doe	Rent, Security Deposit	\$ 3,000.00	Check	2	1	San Bernardino
2	Adam Doe	Electric Deposit	\$ 100.00	Check	2	1	San Bernardino
3	Adam Doe	Gas Deposit	\$ 100.00	Check	2	1	San Bernardino
4							
5							
Total Monthly Expenditure			\$ 3,200.00				
Total Number of Individuals Assisted					6	3	

# Sample Scenario: B2 – Rapid Re-Housing – Detail (continued) Form

## B2 - RAPID RE-HOUSING - DETAIL (continued)

	Staff/Vendor Name	Incurred Date/Pay Period	Amount	Paid Date	Total Invoice Amount	HEAP % Charged	HEAP Charge	
Salary	Jane Smith	9/19/2019	\$ 2,000.00	10/18/2019	\$ 2,000.00	10.00%	\$ 200.00	
	Total HEAP Salary Cost							\$ 200.00
Contract	Total HEAP Sub-contract/Consultant Cost							\$ -
Space	Total HEAP Space Rent							\$ -
Consumable	Total HEAP Consumable Cost							\$ -
Rent/Lease	Total HEAP Rent/Lease Equipment Cost							\$ -
Insurance	Total HEAP Insurance Cost							\$ -
Travel	Total HEAP Travel Cost							\$ -
Total Monthly Expenditure							\$ 200.00	
Total Number of Individuals Assisted							3	

HEAP Activities provided as follows:

- Street Outreach: 8 individuals (5 single adults and 1 family)
  - Single Adults:
    - Chronically Homeless Veteran, male (62): 2 instances of service
    - Homeless, male (45): 1 instance of service
    - Homeless, male (33): 2 instances of service
    - Homeless, male (25): 2 instances of service
    - 1 Homeless , female (56): 4 instances of service
  - Family:
    - Homeless, male (35): 2 instances of service
    - Homeless, female (31): 2 instances of service
    - Homeless, male (7): 2 instances of service

HEAP Activities (continued) provided as follows:

- Navigation Services:
  - 3 individuals (1 family): 3 instances of service (total 9)
- Other – Transportation:
  - 3 individuals (1 family): 2 instances of service (total 6)
- Rapid Re-Housing: 3 individuals (1 family)
  - 3 individuals (1 family): 2 instances of service (total 6)
- Other – Landlord Incentives:
  - 3 individuals (1 family): 1 instance of service (total 3)

*Notes:*

- *Family of 3 provided all 5 Activities.*
- *Both adults in family referred to WDD*



# Sample Scenario – Performance Report, Summary Form

<b>SUMMARY</b>					
<b>Number of:</b>	<b>A- Services</b>	<b>B - Rental Assistance or Subsidies</b>	<b>C - Capital Improvements</b>	<b>D - Homeless Youth Set-Aside</b>	<b>Totals</b>
<b>Persons Served</b>	<b>8</b>	<b>3</b>			<b>11</b>
<b>Instance of Service</b>	<b>26</b>	<b>6</b>			<b>32</b>
<b>Homeless</b>	<b>8</b>	<b>3</b>			<b>11</b>
<b>At Imminent Risk of Homelessness</b>	<b>0</b>	<b>0</b>			<b>0</b>
<b>Unsheltered Becoming Sheltered</b>	<b>0</b>	<b>3</b>			<b>3</b>
<b>Homeless Entering Perm Housing</b>	<b>0</b>	<b>3</b>			<b>3</b>

# Sample Scenario – Performance Report, Summary Form continued

SUMMARY					
Number of:	A- Services	B - Rental Assistance or Subsidies	C - Capital Improvements	D - Homeless Youth Set-Aside	Totals
<del>Persons Served</del>	<del>1</del>	<del>1</del>			<del>1</del>
Chronically Homeless	1	0			1
Veterans	1	0			1
Unaccompanied Homeless Youth (18-	0	0			0
Unaccompanied Homeless Youth (<18)	0	0			0
Homeless in Families without Children	5	0			5
Homeless in Families with Children	3	3			6
Unaccompanied Women	1	0			1

# Sample Scenario – Performance Report, Number Served by Subpopulation – Breakdown Detail Form

<b>NUMBER SERVED BY SUBPOPULATION - BREAKDOWN DETAIL</b>					
<b>Number of:</b>	<b>Homeless</b>	<b>At Imminent Risk of Homelessness</b>	<b>Instance of Service</b>	<b>Unsheltered Becoming Sheltered</b>	<b>Homeless Entering Permanent</b>
<b>Chronically Homeless</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Veterans</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Unaccompanied Homeless Youth (18-24)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Unaccompanied Homeless Youth (&lt;18)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Homeless in Families without Children</b>	<b>5</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>0</b>
<b>Homeless in Families with Children</b>	<b>3</b>	<b>0</b>	<b>21</b>	<b>3</b>	<b>3</b>
<b>Unaccompanied Women</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>
<b>SUBTOTAL</b>	<b>11</b>	<b>0</b>	<b>40</b>	<b>3</b>	<b>3</b>

- Required for each adult HEAP participant
- Provide only at first report of HEAP services; provide list of adults served ongoing  
*Exception: change in status (e.g., household with adult(s) and no children to household with adult(s) and children)*
- Forms are:
  - Homeless Status Certification
  - Recordkeeping Requirements
  - Written Observation of Homeless Status
  - Self-Certification of Homeless Status
- May provide similar forms; contact OHS if unsure

# Homeless Status Certification Forms – Which to Use

Use the table below to determine which forms to complete.

If third-party documentation is ...	And ...	Then complete ...
Available,	Has been provided,	<ul style="list-style-type: none"><li>• HEAP Homeless Status Certification</li><li>• HEAP Recordkeeping Requirements</li></ul>
Not available,	Contractor staff has observed homeless status,	<ul style="list-style-type: none"><li>• HEAP Homeless Status Certification</li><li>• HEAP Recordkeeping Requirements</li><li>• HEAP Written Observation of Homeless Status</li></ul>
Not available,	Contractor staff has not observed and cannot otherwise verify homeless status,	<ul style="list-style-type: none"><li>• HEAP Homeless Status Certification</li><li>• HEAP Recordkeeping Requirements</li><li>• HEAP Self-Certification of Homeless Status</li></ul>

## Where to look:

- HEAP Contract
- San Bernardino County Homeless Partnership Website:  
<http://wp.sbcounty.gov/dbh/sbchp/>

## Whom to ask:

- Office of Homeless Services  
*Exception: If a subcontractor, ask contractor*



Please also submit your questions to the Office of Homeless Services. Please use the subject line of “HEAP: Question” and include your Agency Name.

Thank you!