

Instructions – HEAP Monthly Expenditure Report

Overview

The Homeless Emergency Aid Program (HEAP) – Monthly Expenditure Report (Monthly Expenditure Report) serves two purposes, reporting monthly:

1. Expenditures
2. Number served.

Each HEAP Contractor is required to submit the Monthly Expenditure Report to the Office of Homeless Services (OHS) within 30 days after the month of service (e.g., September 2019 Report due by October 30, 2019).

The Monthly Expenditure Report is a series of spreadsheets beginning with summary and then requesting increasingly detailed information. This document provides instructions for completion of the Monthly Expenditure Report.

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General Instructions

- HEAP Monthly Expenditure Report is due within 30 days of the end of the Report Month.
- HEAP Monthly Expenditure Report is due each month whether or not HEAP funding was expended and/or any individual or family was assisted using HEAP funding.
- Enter only those expenditures related to HEAP related Activities provided during the Report Month.
Example: Agency X bought 500 bus tickets in September 2019 and provided 36 bus tickets to HEAP eligible individuals during September 2019. Only 36 bus tickets would be included on the September 2019 HEAP Monthly Expenditure Report. Documentation of the 500 bus tickets purchased and HEAP Activity would accompany the Monthly Expenditure Report. Do not include 500 bus tickets on the Monthly Expenditure Report unless all bus tickets purchased during the Report Month were provided to HEAP eligible individuals.
- Enter whole numbers only (no decimals or fractions) for entries requiring numbers (individuals served, nights, days, etc.).
- Submitted HEAP Monthly Expenditure Report must include documentation of all:
 - HEAP-related expenditures incurred during the Report Month
 - HEAP Homeless Status Certification Forms for all individuals and families for whom the agency provided HEAP related Activities
- Mail completed and signed HEAP Monthly Expenditure Report and all required documentation to:

County of San Bernardino
Community Development & Housing Agency, Office of Homeless Services
Attn: HEAP
303 E. Vanderbilt Way, 1st Floor
San Bernardino, CA 92415-0026

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Terms used in this document:

Activity: HEAP Activity(ies) each Contractor included in their HEAP application for which HEAP funding was awarded. Each Contractor’s awarded Activities are included in the Scope of Work section of their Contract. Examples of HEAP Activities are: Street Outreach, Case Management, Rapid Re-Housing, etc.

Contractor: An individual, company, firm, corporation, partnership, or other organization to whom a HEAP contract award is made by the County.

Form: Document used to report HEAP expenditures and the number of persons served. The HEAP Monthly Expenditure Report is an Excel Workbook consisting of a number of spreadsheets, each of which is a separate form. This term is used interchangeably throughout these instructions with Page, Spreadsheet, and Tab.

Monthly Expenditure Report: All documents comprising the Contractor’s Monthly Expenditure Report including all applicable forms, documentation of expenditures and individuals served, and any other required documentation. Also referred to as the Monthly Expenditure Report.

Page: See Form.

Report Month: Month for which HEAP funded services are being reported. If the Report Month is September 2019, then all the information included in that Monthly Expenditure Report will be for expenditures and number served by the Contractor during September 2019.

Spreadsheet: See Form.

Tab: See Form.

Note: The terms “Form”, “Page”, “Spreadsheet”, and “Tab” are used interchangeably throughout this document to refer to each separate form, page, spreadsheet, or tab of the larger workbook.

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Which Form to Complete

The following forms must be completed and sent to the County within 30 days of the end of the Report Month whether or not HEAP funding was expended and/or any individual or family was assisted using HEAP funding:

- Summary
- Expenditure Detail
- Number Served Detail

Use the chart below to assisting in determining which forms to complete each month. The chart is divided by Category (Services, Rental Assistance or Subsidies, Capital Improvement, and Youth Set-Aside) with each Activity listed as a separate row.

| If Activity provided is ... | And includes, | Then complete ... |
|---|--|--|
| Services | | |
| Street Outreach | | • A1 – Street Outreach – Detail |
| Health & Safety Education | | • A2 – Health & Safety Education – Detail |
| Criminal Outreach Diversion Programs | | • A3 – Criminal Outreach Diversion Programs – Detail |
| Prevention Services | Housing payments (e.g., rent, utility, arrearages, etc.), | • A4 – Prevention Services – Detail |
| | Other expenditures (e.g., staff, etc.), | • A4 – Prevention Services – Detail (continued) |
| Navigation Services | | • A5 – Navigation Services – Detail |
| Case Management | | • A6 – Case Management - Detail |
| Operating Support for Short-Term or Comprehensive Homeless Services | | • A7 – Operating Support for Short-Term or Comprehensive Homeless Services |
| Other, | Any of the following: <ul style="list-style-type: none"> • Animal Services • Counseling • Emergency Shelter Beds • Specialized Services to Families • Survival needs (Hygiene, Blankets, Clothing, Food) • Transportation • Vehicle | • A8 – Other – Detail |
| | • Motel/Hotel Vouchers, | • A8 – Other – Motel/Hotel Vouchers – Detail |
| Rental Assistance or Subsidies | | |
| Housing Vouchers | | • B1 – Housing Vouchers – Detail |

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| If Activity provided is ... | And includes, | Then complete ... |
|---------------------------------|--|--|
| Rapid Re-Housing | Housing payments (e.g., rent, utility, deposits, etc.), | • B2 – Rapid Re-Housing – Detail |
| | Other expenditures (e.g., staff, etc.), | • B2 – Rapid Re-Housing – Detail (continued) |
| Eviction Prevention Strategies, | Housing payments (e.g., rent, utility, arrearages, etc.), | • B3- Eviction Prevention – Detail |
| | Other expenditures (e.g., staff, etc.), | • B3 – Eviction Prevention – Detail • B3 – Eviction Prevention – Detail (continued) |
| Other, | Any of the following: <ul style="list-style-type: none"> • Emergency Shelter • Furniture • Housing Assistance or Deposits • Landlord Incentives • Utility Assistance or Deposits, | • B4 – Other – Detail |
| | Bridge Housing, | • B4 – Other – Motel/Hotel Vouchers – Detail |
| Capital Improvement | | |
| Emergency Shelter | | • C1 – Emergency Shelter – Detail |
| Transitional Housing, | | • C2 – Transitional Housing – Detail |
| Drop-In Centers, | | • C3 – Drop-In Centers – Detail |
| Permanent Supportive Housing | | • C4 – Permanent Supportive Housing - Detail |
| Other | Other expenditures (e.g., staff, etc.), | • C5 – Other – Detail |
| Homeless Youth Set-Aside | | |
| Homeless Youth Set-Aside | Includes housing, | • D1 – Homeless Youth Set-Aside – Detail |
| | Other expenditures (e.g., staff, etc.), | • D1 – Homeless Youth Set-Aside – Detail (continued) |

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Where to Find Form

Use the chart below to find the completions instructions for each specific Form. The chart is divided by Category (Services, Rental Assistance or Subsidies, Capital Improvement, and Youth Set-Aside) with each Activity listed as a separate row.

| Tab | Worksheet/Form | Page Number |
|---------------------------------------|--|-------------|
| Summary | Summary | 7 |
| Expenditure Detail | Expenditure Detail | 9 |
| Number Served Detail | Number Served Detail | 10 |
| Services | | |
| Street Outreach | A1 – Street Outreach – Detail | 11 |
| Health & Safety Educ | A2 – Health & Safety Education – Detail | 11 |
| Criminal Outreach | A3 – Criminal Outreach Diversion Programs - Detail | 11 |
| Prevention Services | A4 – Prevention Services – Detail | 12 |
| Prevention Services (cont) | A4 – Prevention Services – Detail (continued) | 11 |
| Navigation Services | A5 – Navigation Services – Detail | 11 |
| Case Management | A6 – Case Management – Detail | 11 |
| Op Supp ST or Comp Svcs | A7 – Operating Support for Short-Term of Comprehensive Services – Detail | 11 |
| Services – Detail | A8 – Other – Detail | 11 |
| Services-Other – Motel Detail | A8 – Other – Motel/Hotel Vouchers – Detail | 13 |
| Rental Assistance or Subsidies | | |
| Housing Vouchers | B1 – Housing Vouchers – Detail | 13 |
| Rapid Re-Housing | B2 – Rapid Re-Housing – Detail | 12 |
| Rapid Re-Housing (cont) | B2 – Rapid Re-Housing – Detail (continued) | 11 |
| Eviction Prevention | B3 – Eviction Prevention – Detail | 12 |
| Eviction Prevention (cont) | B3 – Eviction Prevention – Detail (continued) | 11 |
| Rent Asst – Other | B4 – Other – Detail | 11 |
| Rent Asst-Other – Motel Detail | B4 – Other – Motel/Hotel Vouchers – Detail | 13 |
| Capital Improvement | | |
| Emergency Shelter | C1 – Emergency Shelter – Detail | 13 |
| Transitional Housing | C2 – Transitional Housing – Detail | 13 |

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| Tab | Worksheet/Form | Page Number |
|---------------------------------|--|--------------------|
| Drop-In Centers | C3 – Drop-In Centers – Detail | 13 |
| Perm Supp Hsg | C4 – Permanent Supportive Housing - Detail | 13 |
| Cap Imp – Other | C5 – Other – Detail | 11 |
| Homeless Youth Set-Aside | | |
| Homeless Youth | D1 – Homeless Youth Set-Aside – Detail | 12 |
| Homeless Youth (cont) | D1 – Homeless Youth Set-Aside – Detail (continued) | 11 |

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Summary Form:

All Contractors are required to complete the Summary form each month whether or not HEAP funding was expended and/or any individual or family was assisted using HEAP funding.

The Summary form is the first tab (Summary) of the workbook. The form is a summary of all expenditure information included on the subsequent forms. It also includes the signature and approval section for the Monthly Expenditure Report. Do not enter any information in the County Use Only sections.

The information entered into the top section of the Summary form will automatically populate the same information on the remainder of the forms.

Complete the top section as follows:

- Agency: Enter Contractor's complete and full Legal Name.
- Address: Enter Contractor's full street address. If mailing address is different, please include that address also.
- Contract No.: Enter the Contract Number from the Contractor's HEAP Contract. This number located in the upper right-hand corner of the first page of the Contract.
- Month/Year: Enter the Month and Year of the Report Month. e.g., if reporting expenditures and number served for September 2019, enter "September 2019".
- Invoice #: This number is determined by the Contractor.
- PO Number: This number will be emailed to the Contractor shortly after the Contract start date. OHS will enter this Number on the initial Monthly Expenditure Report, if not known at the time of submission. The Contractor is required to enter the Number on each subsequent Monthly Expenditure Report.
- Service Date From: Enter the first date of the Report Month for which the Contractor has expenditure and/or number served information to report. This is a MM/DD/YYYY field. e.g., if the first date of HEAP provided services is September 5, 2019, enter "9/5/2019".
- Service Date To: Enter the last date of the Report Month for which the Contractor has expenditure and/or number served information to report. This is a MM/DD/YYYY field. e.g., if the last date of HEAP provided services is September 28, 2019, enter "9/28/2019".
- Contract Period: Enter the Contract Period from the Contractor's HEAP Contract. This period is located on the first page of the Contract listed directly after "Contract Term".

Complete the middle section as follows:

- Contract Amount: Enter the full Contract Amount. This figure is located on the first page of the HEAP Contract directly after "Total Contract Amount".
- Interest Amount (Cumulative): Enter the total cumulative amount of interest accrued on all HEAP funds, including any interest accrued by sub-contractors. If no interest accrued, enter "0".
- Current Month Expenditures: Enter the total of all HEAP expenditures for the Report Month. This figure and the Total Monthly Expenditures figure on the "Expenditure Detail" form should match. If no HEAP funds expended during the Report Month, enter "0".
- Cumulative Prior Expenditures: Enter the total of all Cumulative Prior Expenditures. If none, enter "0".
- Cumulative Expenditures: This entry will automatically calculate.
- Balance Remaining: This entry will automatically calculate.

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Complete the Signature section when all applicable pages are completed, all required documentation is compiled, and the Monthly Expenditure Report is ready to submit to the County.

- Prepared By (signature): Signature of individual preparing all applicable forms (Monthly Expenditure Report). Sign hard copy once all applicable forms are complete.
- Phone #: Enter the phone number for the individuals preparing and approving the Monthly Expenditure Report.
- Approved By (signature): Signature of individual approving the Monthly Expenditure Report. Sign hard copy once all applicable forms are complete and approved.
- Print Name: Enter the names of the individuals who prepared and approved the Monthly Expenditure Report.

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Expenditure Detail Form

All Contractors are required to complete the Expenditure Detail form each month whether or not HEAP funding was expended and/or any individual or family was assisted using HEAP funding.

Use this form (Expenditure Detail tab) to enter the total expenditures for each separate Activity for the Report Month. Subtotals and Totals will automatically calculate. It contains a summary of all the expenditures for each Activity provided during the Report Month. The TOTAL MONTHLY EXPENDITURES figure on this page should match the Current Month Expenditures from the Summary page. The figures entered on this form should match the Total Monthly Expenditures figures calculated on the related Activity Detail forms (e.g., figure for Street Outreach should be the same as the final amount of the form, A1 – Street Outreach – Detail).

The top section of the form will automatically populate with the related information entered on the Summary form (Summary tab).

Complete the Expenditure Detail section of the form as follows:

- Enter the total for each Activity for which the Contractor had HEAP funded expenditures during the Report Month. These figures should match the applicable Total Monthly Expenditures on the applicable Activity forms.
- For “Other” expenditures (rows A8, B4, and C5), enter the information in the “*Other Details” section. The columns totals auto-populate the applicable Detail Other fields. Enter information as follows:
 - Other Activity (define): enter the Activity description (e.g., transportation, bridge housing, landlord incentives, etc.)
 - A8 – Other Services: enter the expenditure amount of the applicable Activity
 - B4 – Other Rental Assistance or Subsidies: enter the expenditure amount of the applicable Activity
 - C5 – Other Capital Improvements: enter the expenditure amount of the applicable Activity

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Number Served Detail Form

All Contractors are required to complete this form each month whether or not HEAP funding was expended and/or any individual or family was assisted using HEAP funding.

Use this form (Number Served Detail tab) to report the total number of individuals served in each Activity for the Report Month. Please enter whole numbers only (no decimals or fractions). It contains a summary of all the number of individuals served for each Activity provided during the Report Month. Subtotals and totals will automatically calculate. The exception is Total Monthly Individuals Referred to WDD, which Contractors will need to enter. The figures entered on this form should match the Total Number of Individuals Assisted or Total Number of Persons (Adults) figures calculated on the related Activity Detail forms (e.g., figure for Street Outreach should be the same as the final amount of the form, A1 – Street Outreach – Detail).

The top section of the form will automatically populate with the related information entered on the Summary form (Summary tab).

Complete the Number Served section of the form as follows:

- Enter the total number of individuals for each Activity for which the Contractor provided HEAP funded activities during the Report Month.
- For “Other” activities (rows A8, B4, and C5, enter the information in the *Other Details” section. The columns totals auto-populate the applicable Detail Other fields. Enter information as follows:
 - Other Activity (define): enter the Activity description (e.g., transportation, bridge housing, landlord incentives, etc.)
 - A8 – Other Services: enter the number of individuals served by the applicable Activity
 - B4 – Other Rental Assistance or Subsidies: enter the number of individuals served by the applicable Activity
 - C5 – Other Capital Improvements: enter the number of individuals served of the applicable Activity.
- Total Monthly Individuals Referred to WDD: enter the number of individuals referred to the County of San Bernardino Workforce Development Department (WDD).

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Activity Detail Forms

Each Activity has at least one form to complete. See “Which Form to Complete” for more information on determining which form to complete.

For each Activity in which the Contractor has entered expenditure and/or individuals served on the Expenditure Detail and Number Served Detail forms, complete the applicable Activity Detail form(s).

The Expenditure and Number of Individuals Assisted/Served from each Activity Detail form should match the related entries on the Expenditure Detail and Number Served Detail forms. If additional rows are needed to report expenditure information for any Activity, complete an additional form and enter the expenditure and number served total on the Expenditure Detail and Number Served Detail forms. For entries requiring numbers (individuals served, nights, days, etc.), please enter whole numbers only (no decimals or fractions).

There are four main types of forms. Completions instructions for each follow.

Completion Instructions for:

- A1 – Street Outreach – Detail
- A2 – Health & Safety Education – Detail
- A3 – Criminal Outreach Diversion Programs – Detail
- A4 – Prevention Services – Detail (continued)
- A5 – Navigation Services – Detail
- A6 – Case Management – Detail
- A7 – Operating Support for Short-Term or Comprehensive Services – Detail
- A8 – Other – Detail
- B2 – Rapid Re-Housing – Detail (continued)
- B3 – Eviction Prevention –Detail (continued)
- B4 – Other – Detail
- C5 – Other – Detail
- D1 – Homeless Youth Set-Aside – Detail (continued)

The top section of the form will automatically populate with the related information entered on the Summary form (Summary tab).

Complete the Detail section of the form as follows. Expenditure totals will automatically calculate. The Total Monthly Expenditure should match the figure entered on the Expenditure Detail form.

- Complete only those rows for which HEAP expenditures were made during the Service Month
- Enter the Staff or Vendor name
- Enter the date the expenditure was incurred/paid
- Enter the amount paid
- Enter the date paid
- Enter the total amount
- Enter the percentage of the expenditure that was HEAP-related. Only enter 100% is fully HEAP related.

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- Enter the amount fully HEAP-related
- Enter the Total Number of Individuals Assisted. This figure should match the figure entered on the Number Served Detail form.

For each specific Activity:

- Salary: Enter expenditures related to staff-time
- Contract/consultant: Enter expenditures related to contract(s) and/or consultant(s) providing HEAP-related Activity(ies). e.g., If contract/consultant is for Street Outreach, enter the expenditure on the Street Outreach form.
- Space Rent: Enter expenditures related to space rent (if charged to HEAP)
- Consumables: Enter expenditures related to consumables. Examples are food, clothing, water, medications, etc.
- Rent/Lease Equipment: Enter expenditure related to any equipment rented or leased for the specific HEAP Activity.
- Insurance: Enter expenditures for HEAP-related insurance.
- Travel: Enter expenditure for HEAP-related travel such as mileage, gas cards, bus tickets, train tickets, etc.

Completion instructions for:

- A4 – Prevention Services – Detail
- B2 – Rapid Re-Housing – Detail
- B3 – Eviction Prevention – Detail
- D1 – Homeless Youth Set-Aside – Detail

The top section of the form will automatically populate with the related information entered on the Summary form (Summary tab).

Complete the Detail section of the form as follows. The Total Monthly Expenditure and Total Number of Nights/Persons will automatically calculate. These figures should match those entered on the related Expenditure Detail and Number Served Detail forms.

- Enter the Customer Name (individual or head of household)
- Enter the description of what was paid (e.g., rent, security deposit, utility, arrearage, etc.)
- Enter the amount paid
- Enter the payment method (e.g., voucher, check, credit card, EFT, etc.). This must match the documentation provided for this expenditure.
- Enter the number of adults
- Enter the number of children
- Enter the city of residency. If not located in an incorporated city, enter the community of residency (e.g., Bloomington, Big Bear City, Etiwanda, Joshua Tree, Lytle Creek, Phelan, Sugar Loaf, etc.)

Completion Instructions for:

- A8 – Other – Motel/Hotel Vouchers – Detail
- B1 – Housing Vouchers – Detail
- B4 – Other – Motel/Hotel Vouchers – Detail

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The top section of the form will automatically populate with the related information entered on the Summary form (Summary tab).

Complete the Detail section of the form for each individual/family as follows:

- Enter the name of the Motel or Hotel where the individual/family was placed
- Enter the name of the individual/head of household
- Enter the amount of paid to the motel or hotel
- Enter the payment method (e.g., voucher, check, credit card, EFT, etc.). This must match the documentation provided for this expenditure.
- Enter the number of nights
- Enter the number of adults in the household
- Enter the number of children in the household.

The Total Monthly Expenditure and Total Number of Nights/Persons will automatically calculate. These figures should match those entered on the related Expenditure Detail and Number Served Detail forms.

Completion Instructions for:

- C1 – Emergency Shelter – Detail
- C2 – Transitional Housing –Detail
- C3 – Drop-In Centers – Detail
- C4 – Permanent Supportive Housing - Detail

The top section of the form will automatically populate with the related information entered on the Summary form (Summary tab).

Complete the Detail section for each individual or family as follows:

- Enter name of the individual or head of household, if a family
- Enter the number of nights or days
- Enter the number of adults
- Enter the number of children
- Enter the location of the shelter or drop-in center

The Total Number of Individuals Assisted will automatically calculate. This number should match the related number on the Number Served Detail form.