

COMMUNITY RECOVERY ASSISTANCE GRANT RECIPIENT TRAINING

Salt Lake City Housing Stability Division



Agenda











1 Program Overview

Overview

PROGRAM

"...offering services to retrain displaced workers; providing legal or other assistance for evictions or rent relief; expanding educational opportunities; deploying resources to mitigate the digital divide; supporting parents or children affected by COVID-19 including childcare or after school programs; and providing access to healthcare services, including mental health support."

TIMELINE

"Affirmation that the applicant will be able to spend the funds by December 31, 2024."

- SLC Code Chapter 2.20.040

General Program Guidelines



Direct Services

Principally provide direct services to the community.



SLC Residency

Serve households and individuals residing in the municipal boundaries of Salt Lake City.



COVID recovery-related activities

Funding used to address COVID community recovery efforts.



Low- to Moderate-Income

Principally serve low- to moderate-income households. (0-40%AMI- to 41-65%AMI)

SLC Residency

The exact method you integrate into your organization's policies and procedures to verify residency is up to you. As a resource, here is a link to a map that shows the municipal boundaries of Salt Lake City:

https://www.slc.gov/housingstability/city-housing-programs

We will be checking residency for payment requests and during monitoring. You are responsible for ensuring that these funds serve Salt Lake City residents. Failure to do so may result in payment requests being denied and/or monitoring findings.

Low-to-Moderate Income

Income Limit	Persons in Family							
Category								
	1	2	3	4	5	6	7	8
Low-Income (40% AMI)	29,680	33,920	38,160	42,400	45,792	49,184	52,576	55,968
Moderate- Income (65% AMI)	48,230	55,120	62,010	68,900	74,412	79,924	85,436	90,948

Anticipated Timeline

April 2024

First Report Due (April 15) Reimbursement Request

October 2024

Third Report Due (October 15) Reimbursement Request



January/February 2024

Training (today)
Agreements Sent Out

July 2024

Second Report Due (July 15) Reimbursement Request January 2025

Final Report Due (January 15) Reimbursement Request

Grant Agreements

Contents

- Period of Service:
 - January 1, 2024 December 31, 2024
- Contains regulations, requirements, and obligations for both parties
- Pay particular attention to the scope of work & budget pages as these govern your specific activities

Grant Agreement Steps

- Step 1: Reaffirm the budget, scope, and number of beneficiaries via Budget
 Form
- Step 2: Upload required insurance information per request, review draft agreement
- Step 3: Once contract is received, review, sign via Adobe Sign (no notary or physical copies are required)



2 Program Administration

Program Administration



Housing Stability

- Technical assistance
- Reviewing payments
- Contracts



Finance

• All reimbursements



 All agreements and agreement amendments



3 Project Administration

ZoomGrants

ZoomGrants is used for budget adjustments, reimbursements, and reporting.

Required Updates:



Application contact information/ collaborator access



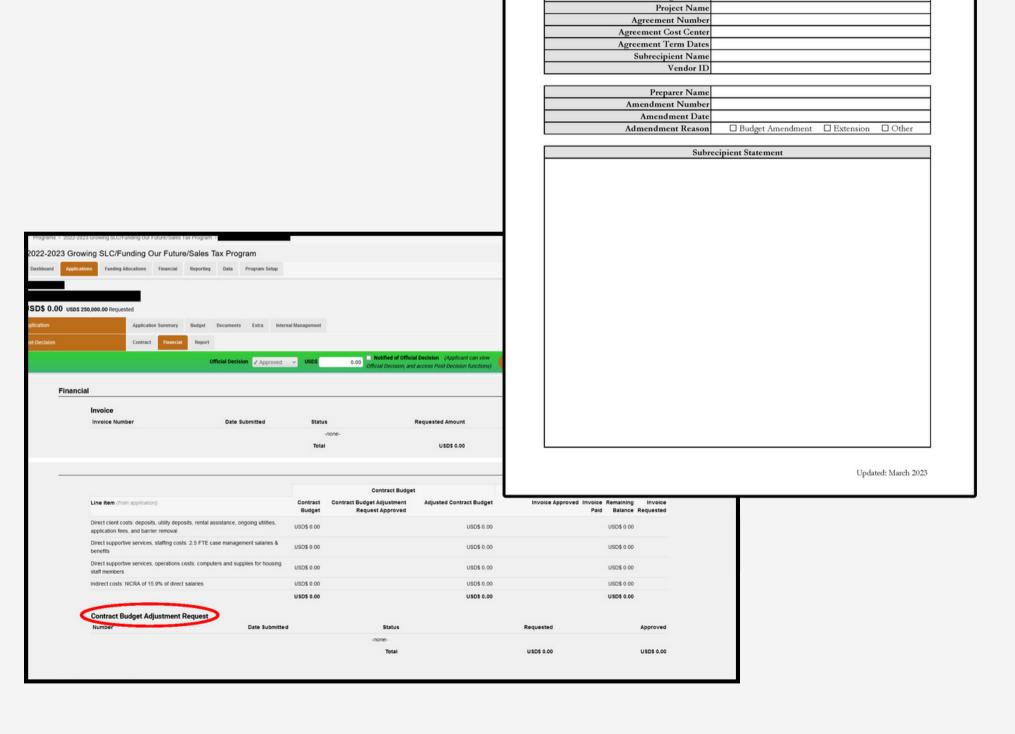
Budget line Items match contract

Agreement Amendments

Remember:

All amendment requests must include a completed version of this amendment request. This page is the only sheet the agency is required to complete; all other forms are completed by Housing Stability Division staff.

Send the completed amendment request form through email and the request through Zoomgrants

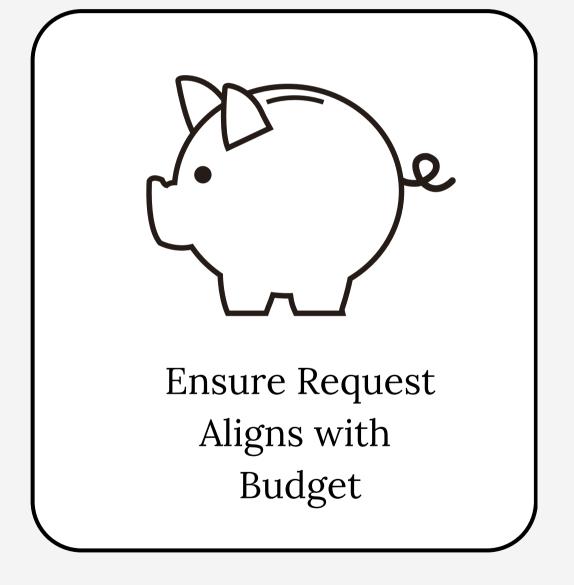


Amendment Request

Rules for Reimbursement Request







Reimbursement Process

Reimbursement Components

- ZoomGrants Submission
- Housing Stability Coversheet
- Agency Invoice to Housing Stability Division
- Supporting Documentation



Reimbursement Forms

DIVISION	ar areque	st Coversheet
Program Name		
Program Year		
Project Name		
Agreement Number		
Agreement Term Dates		
Subrecipient/Contractor Name		
Vendor ID		
Preparer Name		
Invoice Number		
Billing Date		
Billing Period		
Dinnig Terror		
Budget Line Items	Amount Requested	1
	•	
Total:		
For All Grants:		
I certify that this coversheet is complete and accurate. T	his coversheet aligns with the	ne attached invoice and supporting
documentation. All components of this request meet the	billing conditions and requ	irements outlined in the agreement. I am
authorized to sign on behalf of this organization.		
For All Federal Grants:		
For All Federal Grants.		
In accordance with 2 CFR §200.415(a): "By signing this		
true, complete, and accurate, and the expenditures, disb- in the terms and conditions of the Federal award. I am a		
of any material fact, may subject me to criminal, civil or		
otherwise. (U.S. Code Title 18, Section 1001 and Title 3	1, Sections 3729-3730 and 3	801-3812)."
Authorized Signer		
Name	Signature	Date

1) ZOOMGRANTS:	
☐ Budget line items have the relevant "Reque ☐ Budget line items without a request are lef	
2) HS COVERSHEET:	
☐ All fields are properly filled out ☐ Supervisor Signature ☐ HUD Waiver (24 CFR §200.415) included	
3) SUBRECIPIENT INVOICE:	
☐ Invoice amounts align with ZoomGrants am ☐ Requests align with budget line items ☐ Any addresses are located in an eligible g ☐ Billing dates fall within the eligible period	
4) SUPPORTING DOCUMENTATION	ON (VARIES BY REQUEST):
Salary Timesheets	Utility Assistance Utility Bills
	Offifty Assistance Offifty Dills
□ Employee approves each timesheet (e.g., signature, check box, statement, etc.) □ NOTE: Supervisor signatures are optional if the	Payments align with budget line items Address is located in an eligible geographic area Billing date falls within the eligible period
☐ Employee approves each timesheet (e.g., signature, check box, statement, etc.) ☐ NOTE: Supervisor signatures are optional if the HS coversheet is signed ☐ Position funded matches contract ☐ Timecard activities align with budget line items	☐ Payments align with budget line items ☐ Address is located in an eligible geographic area
☐ Employee approves each timesheet (e.g., signature, check box, statement, etc.) ☐ NOTE: Supervisor signatures are optional if the HS coversheet is signed ☐ Position funded matches contract ☐ Timecard activities align with budget line items ☐ Timesheet dates fall within the eligible period	Payments align with budget line items Address is located in an eligible geographic area Billing date falls within the eligible period Rental Assistance Landlord Check Copies AND Landlord Business Licenses Check date falls within the eligible period Business license address is located in an eligible
☐ Employee approves each timesheet (e.g., signature, check box, statement, etc.) ☐ NOTE: Supervisor signatures are optional if the HS coversheet is signed ☐ Position funded matches contract ☐ Timecard activities align with budget line items ☐ Timesheet dates fall within the eligible period	□ Payments align with budget line items □ Address is located in an eligible geographic area □ Billing date falls within the eligible period Rental Assistance Landlord Check Copies AND Landlord Business Licenses
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□ Employee approves each timesheet (e.g., signature, check box, statement, etc.) □ NOTE: Supervisor signatures are optional if the HS coversheet is signed □ Position funded matches contract □ Timecard activities align with budget line items □ Timesheet dates fall within the eligible period □ No unreasonable disparity in salaries & benefits Supplies Receipts □ Every item has a receipt □ Items funded by the grant are marked (if the receipt contains items from multiple funding streams)	Payments align with budget line items Address is located in an eligible geographic area Billing date falls within the eligible period Rental Assistance Landlord Check Copies AND Landlord Business Licenses Check date falls within the eligible period Business license address is located in an eligible geographic area Business license is not expired at time of payment Mortgage Assistance Lender Check Copies AND Household Address/Income Verification Check date falls within the eligible period
□ Employee approves each timesheet (e.g., signature, check box, statement, etc.) □ NOTE: Supervisor signatures are optional if the HS coversheet is signed □ Position funded matches contract □ Timecard activities align with budget line items □ Timesheet dates fall within the eligible period □ No unreasonable disparity in salaries & benefits	Payments align with budget line items Address is located in an eligible geographic area Billing date falls within the eligible period Rental Assistance Landlord Check Copies AND Landlord Business Licenses Check date falls within the eligible period Business license address is located in an eligible geographic area Business license is not expired at time of payment Mortgage Assistance Lender Check Copies AND Household Address/Income Verification

Reporting

Required

Reports should be submitted on the 'Reports' tab on ZoomGrants, using the Excel template provided. Reports should include totals only from the quarter being reported on.

Quarterly reports are due on:

- April 15th
- July 15th
- October 15th
- January 15th

Optional

In addition, SLC is interested in collecting impact stories

- Personalized
- 1-2 Pages
- Photos are appreciated (with appropriate photo releases)
- May be submitted to Housing Stability Division and put on SLC's website
- Can be uploaded separately with Quarterly Reports or emailed to staff

Reporting Template

Please read ALL instructions carefully. Complete your quarterly report on the same workbook as previous quarterly reports, so staff can see eve metrics in the same place. If your agency received multiple awards, make sure you use a seperate sheet for each program. Please only use num report. Letters or special characters prevent us from compiling your reports into a database. Narrative updates on program or clients may be upl separate attachment.

	Dollar Amount Spent this Quarter	Number of NEW Number of NEW Households Served		Number of EXISTING Individuals Served	Number of EXISTING Households Served	Only repo		
Quarters		Clients unique to this quarter. If program tracks individuals, NA.	Clients unique to this quarter. If program tracks households, NA.	Clients served in previous quarters. If client previously served under alternate funding, list them as NEW in these reports. If program tracks households, NA.	Clients served in previous quarters by this funding. If client previously served under alternate funding, list them as NEW in these reports. If program tracks individuals, NA.	Rental Assistance	Legal Assistance	Case Management
Quarter 1								
(Jan 1 - Mar 31, 2024)								
Quarter 2								
(Apr 1 - Jun 30, 2024)								
Quarter 3								
(Jul 1 - Sept 30, 2024)								
Quarter 4								
(Oct 1 - Dec 31, 2024)								

Reporting Template



Demographics

(Race/ethnicity, gender, zip code, etc) also needs to be reported.



Eligible Service Area

Only report clients in the eligible service area, i.e., Salt Lake City municipal boundaries.



Income Eligibility

Only include clients that are income eligible for program funding, if additional clients are served exclude them from output reports.

Monitoring

Technical Assistance:

- TA visits may be done for any new program/project/agency during the program year
- Available upon request at any time (Just ask!)
- Designed to fit the agencies need, informal

Monitoring:

Monitoring for this program will be conducted based on either:

- Random selection
- Current risk & monitoring documents from federal funds



4 Reminders

Reminders





Submit reports on time!



Make sure your demographic and income information match



Upload all receipts including timesheets and proof of documentation



Do your best to spend out all awarded funds during the program year



Make at least one reimbursement request per quarter to make timely spenddown of funds

Next Steps









ZoomGrants Information - Update Application Contact/Add Collaborators. Update budget to match agreement.

Grant Agreement Steps - Make sure up-to-date budget, insurance information is submitted **Quarterly Report April 15** - Submit by April 15, 2024 for project costs January 1 to March 30. **Reimbursement Request April 15** - Submit by April 15, 2024 for project costs January 1 to March 30.



Community Recovery
Assistance Grant Contacts

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Questions?

<u>Program</u> <u>Overview</u> <u>Program</u> <u>Administration</u>

ZoomGrants

<u>Agreement</u> <u>Amendments</u>

Reimbursement Request

<u>Quarterly</u> <u>Reporting</u>

Monitoring

Next Steps



THANK YOU!