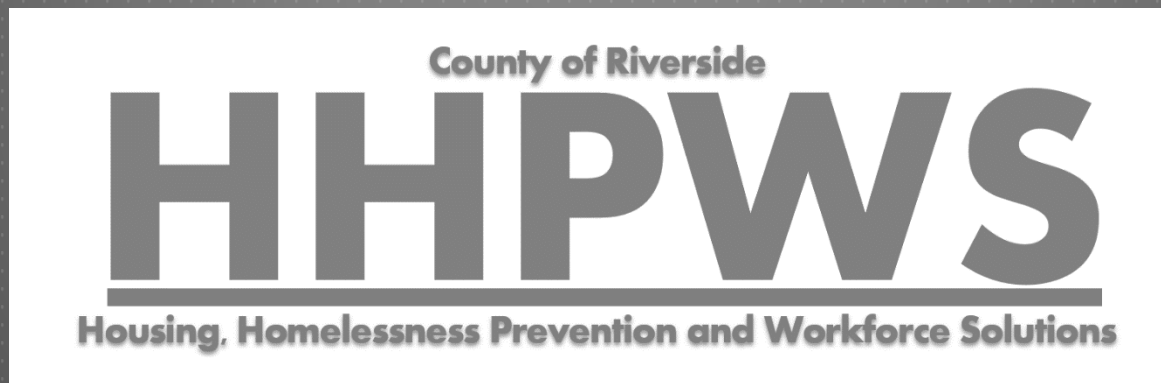


The HUD Claim Process  
County of Riverside HHPWS  
Continuum of Care  
Program



# THE HUD CLAIM PROCESS

- ▶ It is the role of the HHPWS CoC Fiscal team to verify that all expenses claimed against a Continuum of Care (CoC) grant are:
  - ▶ Allowable
  - ▶ Allocable
  - ▶ Reasonable
- ▶ An expenditure that does not meet Federal regulations for all three requirements listed above is not reimbursable under the HUD grant.
- ▶ Federal regulations: 2 CFR 200, 24 CFR 578

**COUNTY OF RIVERSIDE**

U.S. Department of Housing and Urban Development  
Continuum of Care Homeless Assistance Programs

**Continuum of Care Program**

Grant No. \_\_\_\_\_ Claim No. \_\_\_\_\_

Prepared by: \_\_\_\_\_ Tel #/Ext. \_\_\_\_\_

Name of Payee: \_\_\_\_\_  
(Agency) (Tax ID or SSN)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Line Item	Activity	Line Item	Activity	Line Item	Activity
1010	Acquisition	1040	Rental Assistance	1062	COC Planning
1020	Rehabilitation	1050	Supportive Services	1100	Leasing
1021	New Construction	1051	HMIS	1120	Other
1030	Operating Cost	1060	Administrative Cost		

Date of Service: \_\_\_\_\_

For County Use Only

Line Item	Activity	Description	Cash/In-Kind Match	Amount Billed	Amount Paid
<b>TOTAL</b>					

PLEASE NOTE: All source documents and proof of payment have been attached. These source documents include invoices (not billing statements), payroll registers, receipts and contracts. Proof of payment is herein attached in the form of copies of checks or warrants.

I declare under penalty of perjury that the foregoing is true and correct.

Authorized Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

For County Use Only		
Business Unit: _____	Purchase Order #: _____	Invoice #: _____
Dept. ID: _____	If amount authorized is different from amount requested, please explain:	
Fund: _____	_____	
Account: _____	_____	
Program: _____	Program: _____	Date: _____
Project/Grant: _____	MRU: _____	Date: _____
Vendor Code: _____	Contracts: _____	Date: _____

# THE HUD CLAIM PROCESS

## SUPPORTING DOCUMENTATION

- ▶ Leasing / Rental Assistance
  - ▶ Submit at move-in and with each change:
    - ▶ Lease agreement
    - ▶ Rent Reasonableness
    - ▶ Utility Allowance Worksheet
  - ▶ Submit with each monthly claim:
    - ▶ Invoice or documentation of rent amount and due date
    - ▶ Proof of payment - Cancelled check or check stub

# THE HUD CLAIM PROCESS

## OPERATING COSTS

What is eligible?

(See 24 CFR Part 578.55 for details)

- Maintenance and repair of housing
- Property taxes and insurance
- Replacement reserves
- Building security
- Electricity, gas, and water
- Furniture
- Equipment

NOTE: Operating costs are not eligible when a grant budget has Rental Assistance.

# THE HUD CLAIM PROCESS

## OPERATIONS

How to claim...

- ▶ Staff
  - ▶ Time Sheet
  - ▶ Time and Activity Report
  - ▶ Pay Stub or Payroll Report

# THE HUD CLAIM PROCESS

## OPERATIONS

How to claim... (continued)

### ▶ Expenses

#### ▶ Invoice or receipt

*Must have name of vendor, date, and detailed explanation of charges. If charges are not recognizable, a spreadsheet or memo must be attached detailing what the expenses are for.*

#### ▶ Proof of payment (cancelled check or check stub)

# THE HUD CLAIM PROCESS

## SUPPORTIVE SERVICES

What is eligible? (See 24 CFR Part 578.53 for details)

- ▶ Annual Assessment of Service Needs
- ▶ Assistance with moving costs
- ▶ Case management
- ▶ Child care
- ▶ Education services
- ▶ Employment assistance / job training
- ▶ Food
- ▶ Housing search / counseling services
- ▶ Legal services
- ▶ Life skills training
- ▶ Mental health services
- ▶ Outpatient health services
- ▶ Outreach services
- ▶ Substance abuse treatment services
- ▶ Transportation
- ▶ Utility deposits
- ▶ Direct provision of services



# THE HUD CLAIM PROCESS

## SUPPORTIVE SERVICES

How to claim...

### ▶ Staff

- ▶ Time Sheet
- ▶ Time and Activity Report
- ▶ Pay Stub or Payroll Report
- ▶ Supporting documentation for any employer-paid benefits
  - ▶ Example – Health Insurance:
    - ▶ Monthly invoice, proof of payment, and listing of employee paid benefits

# THE HUD CLAIM PROCESS

## SUPPORTIVE SERVICES

How to claim... (continued)

### ▶ Expenses

#### ▶ Invoice or receipt

*Must have name of vendor, date, and detailed explanation of charges. If charges are not recognizable, a spreadsheet or memo must be attached detailing what the expenses are for.*

#### ▶ Proof of payment (cancelled check or check stub)

# THE HUD CLAIM PROCESS

## HMIS

What is eligible?

(See 24 CFR Part 578.57 for details)

- ▶ Equipment
- ▶ Software
- ▶ Services
- ▶ Personnel
- ▶ Operations

# THE HUD CLAIM PROCESS

## HMIS

How to claim...

### ▶ Staff

- ▶ Time Sheet
- ▶ Time and Activity Report
- ▶ Pay Stub or Payroll Report
- ▶ Supporting documentation for any employer-paid benefits
  - ▶ Example – Health Insurance:
    - ▶ Monthly invoice, proof of payment, and listing of employee paid benefits

# THE HUD CLAIM PROCESS

## HMIS

How to claim... (continued)

### ▶ Expenses

#### ▶ Invoice or receipt

*Must have name of vendor, date, and detailed explanation of charges. If charges are not recognizable a spreadsheet, or memo must be attached detailing what the expenses are for.*

#### ▶ Proof of payment (cancelled check or check stub)

# THE HUD CLAIM PROCESS

## ADMINISTRATION

What is eligible?

(See 24 CFR Part 578.59 for details)

- ▶ General management, oversight, and coordination
- ▶ Training on Continuum of Care requirements
- ▶ Environmental review

# THE HUD CLAIM PROCESS

## ADMINISTRATION

How to claim...

### ▶ Staff

- ▶ Time Sheet
- ▶ Time and Activity Report
- ▶ Pay Stub or Payroll Report
- ▶ Supporting documentation for any employer-paid benefits
  - ▶ Example – Health Insurance:
    - ▶ Monthly invoice, proof of payment, and listing of employee paid benefits

# THE HUD CLAIM PROCESS

## ADMINISTRATION

How to claim... (continued)

### ▶ Expenses

#### ▶ Invoice or receipt

*Must have name of vendor, date, and detailed explanation of charges. If charges are not recognizable, a spreadsheet or memo must be attached detailing what the expenses are for.*

#### ▶ Proof of payment (cancelled check or check stub)



# THE HUD CLAIM PROCESS

## Claim Review

- ▶ All expenses on the claim will be verified for eligibility and proper documentation.
- ▶ Adjustments may be made by Fiscal if necessary.
- ▶ The final amount to be reimbursed will be approved by Fiscal.
- ▶ A claim recap and summary letter showing all adjustments will be forwarded to the subrecipient for each claim.

# THE HUD CLAIM RECAP DOCUMENT

## CLAIM RECAP WORKSHEET - Subrecipient - CAxxxxL9D08xxxx

CLAIM #1 xxxxx 202x	REIMB AMOUNT	CASH MATCH	IN-KIND MATCH		
LEASING	\$0.00	N/A	N/A		
RENTAL ASSISTANCE	\$0.00	\$0.00	\$0.00		
SUPPORTIVE SERVICES	\$0.00	\$0.00	\$0.00		
OPERATIONS	\$0.00	\$0.00	\$0.00		
HMIS	\$0.00	\$0.00	\$0.00		
ADMINISTRATIVE COSTS	\$0.00	\$0.00	\$0.00		
<b>TOTAL CLAIM</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0.00%</b>

CLAIM #1 xxxxx 202x Line Item	SUBRECIPIENT REQUEST			HHPWS APPROVED AMOUNT			ADJUSTMENTS			
	REIMB REQUEST	CASH MATCH	IN-KIND MATCH	REIMB AMOUNT	CASH MATCH	IN-KIND MATCH	REIMB AMOUNT	CASH MATCH	IN-KIND MATCH	COMMENT
<b>LEASING</b>										
LEASED UNITS	\$0.00						\$0.00			
LEASED STRUCTURES	\$0.00						\$0.00			
	\$0.00						\$0.00			
<b>TOTAL LEASING</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>RENTAL ASSISTANCE</b>										
TRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>TOTAL RENTAL ASSISTANCE</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>SUPPORTIVE SERVICES</b>										
ASSESSMENT OF SERVICE NEEDS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
ASSISTANCE WITH MOVING COSTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
CASE MANAGEMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
CHILD CARE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
EDUCATION SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
EMPLOYMENT ASSISTANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
FOOD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
HOUSING/COUNSELING SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
LEGAL SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
LIFE SKILLS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
MENTAL HEALTH SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
OUTPATIENT HEALTH SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
OUTREACH SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
SUBSTANCE ABUSE TREATMENT SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
TRANSPORTATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
UTILITY DEPOSITS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
DIRECT PROVISION OF SVCS/OPERATING COSTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>TOTAL SUPP SVCS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>OPERATING</b>										
MAINTENANCE/REPAIR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
PROPERTY TAXES AND INSURANCE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
REPLACEMENT RESERVE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
BUILDING SECURITY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
ELECTRICITY, GAS AND WATER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
FURNITURE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
EQUIPMENT (Lease/Buy)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>TOTAL OPERATIONS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>HMIS</b>										
EQUIPMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
SOFTWARE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
PERSONNEL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
OPERATIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>TOTAL HMIS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>ADMINISTRATION COSTS</b>										
ADMINISTRATIVE COSTS - SUBRECIPIENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
ADMINISTRATIVE COSTS - COUNTY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>TOTAL ADMIN</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>CLAIM TOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# THE HUD CLAIM PROCESS

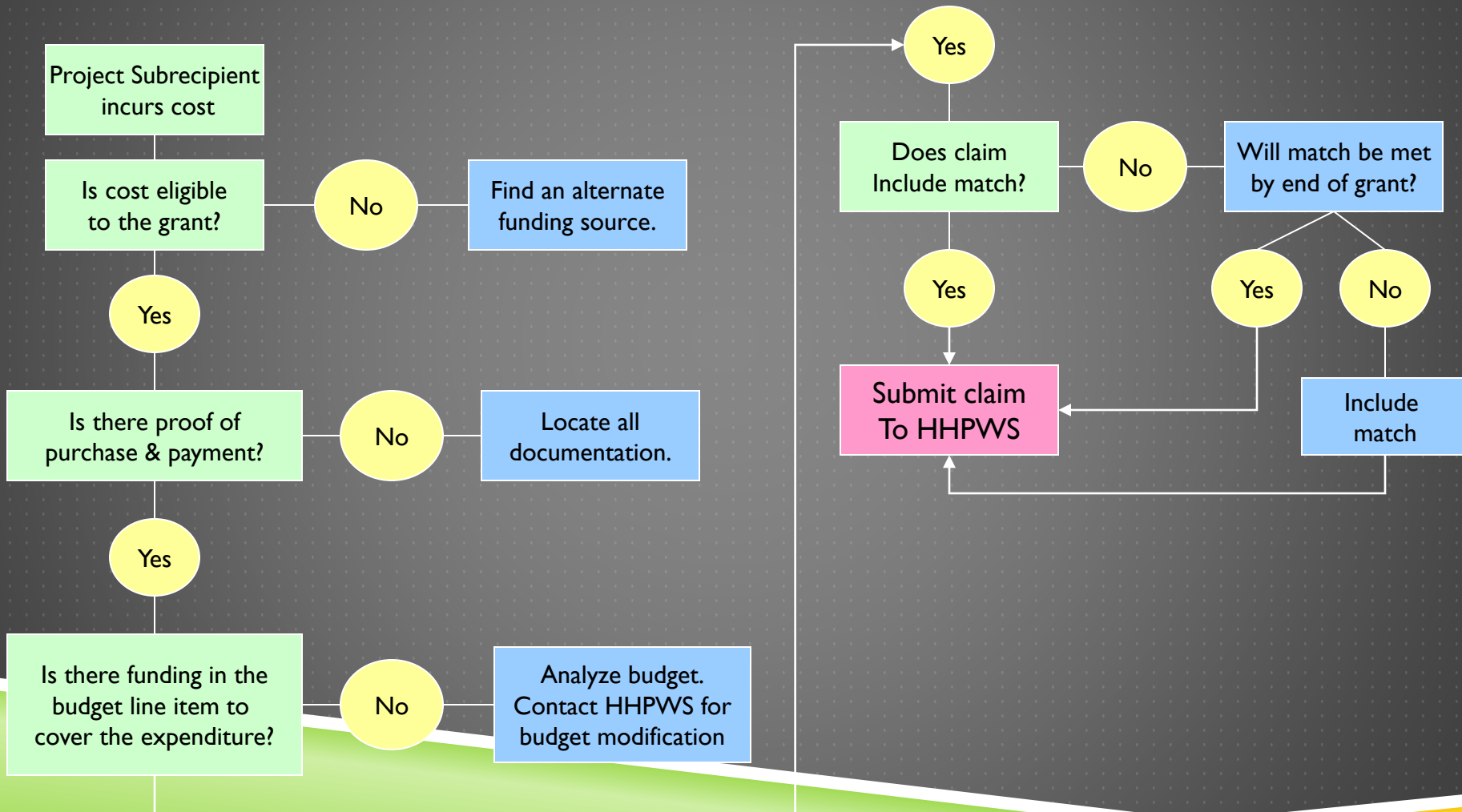
## ▶ MATCH

- ▶ All eligible funding costs, except leasing, must be matched with no less than 25 percent cash or in-kind match
- ▶ For more information on match, see 24 CFR Part 578.73
- ▶ All match (including In-Kind) must be for CoC eligible activities

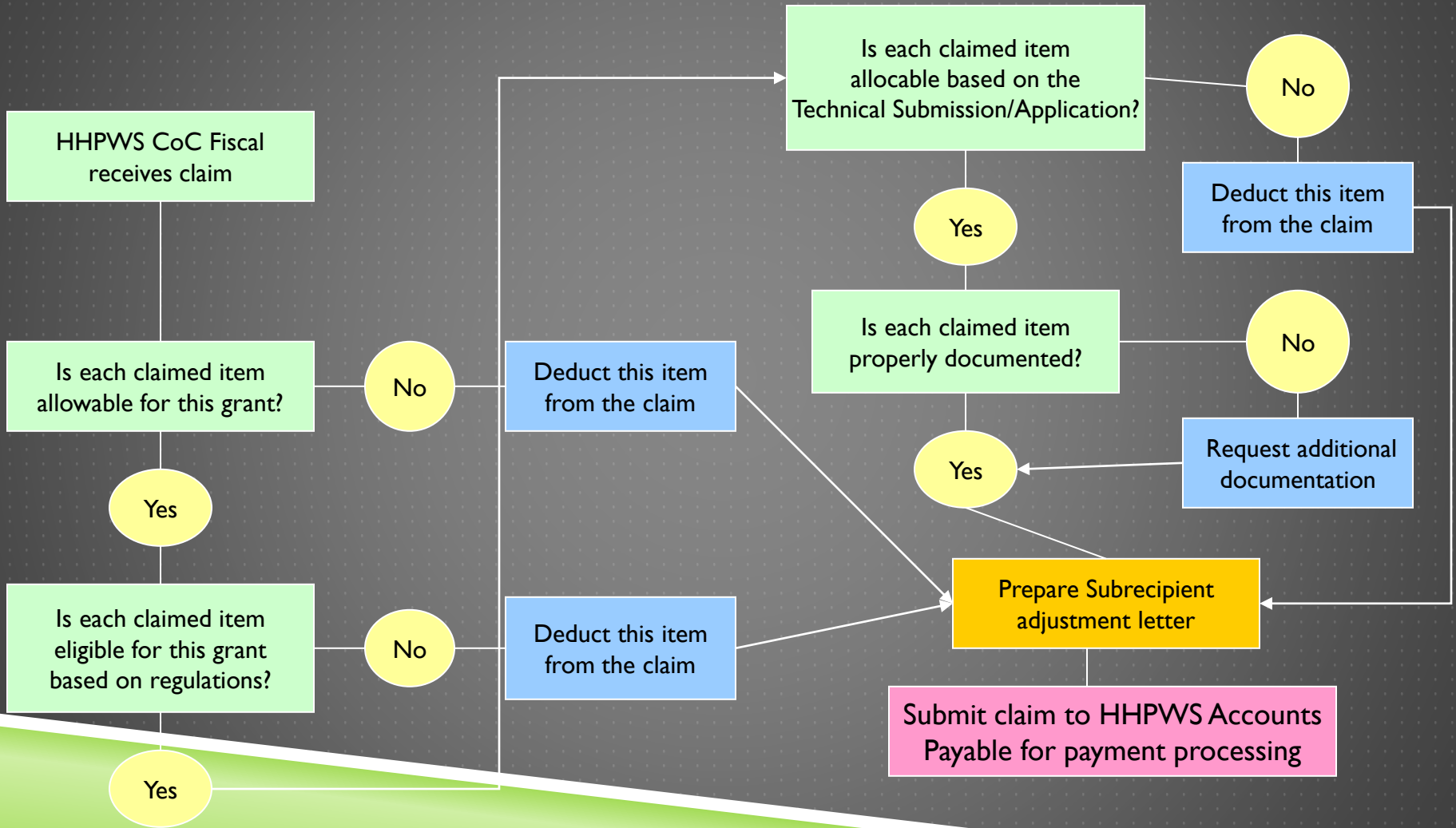
# THE HUD CLAIM PROCESS

- ▶ MATCH (Continued)
- ▶ As per the Fiscal Provisions in the Subrecipient contract and the Administrative Handbook, match is required to be submitted on each monthly claim.
- ▶ Cash match must be documented under the same guidelines as reimbursement expenses.
- ▶ Documentation for In-Kind match must contain information and methodology used to derive amount claimed including, but not limited to, spreadsheets, donation letters, etc.

# THE HUD CLAIM PROCESS – SUBRECIPIENT AGENCY RESPONSIBILITIES



# THE HUD CLAIM PROCESS



# THE HUD CLAIM PROCESS – ACCOUNTS PAYABLE RESPONSIBILITIES

