



Harris County Community Services Department

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**Sub-recipient Accounting  
Procedures Manual for Processing  
Reimbursements and Fiscal  
Maintenance**

**For Emergency Solutions Grant Awards**

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## **Part One**

### **A. References**

CSD Form, “*Unit Price Invoice / Reimbursement Request*”

CSD Form, “*Cost Control Report*”

CSD Form, “*Cost Control Worksheet - Personnel*”

CSD Form, “*Cost Control Report Non-Personnel*”

### **B. Definitions**

**HUD** – U.S. Department of Housing and Urban Development

**CSD or HCCSD** – Harris County Community Services Department

**Reimbursement Request** - Standard HCCSD form; equivalent to an invoice that must be certified by the sub-recipient as being accurate and supported by source documentation and traced through the sub-recipients accounting system.

**Unit Price** – A price claimed within your invoice/reimbursement request which is represented by the amounts submitted in your budget materials and negotiated during the formal request for proposal process. Unit prices for each deliverable service activity are located in the budget summary of your contract.

**Deliverable** – Also sometimes referred to as a “unit” or “service activity unit”. A deliverable is the good or service that is to be provided to CSD at the lower of “actual cost” or per “unit” price. Units are defined in the scope of services/activities section of your agreement with Harris County.

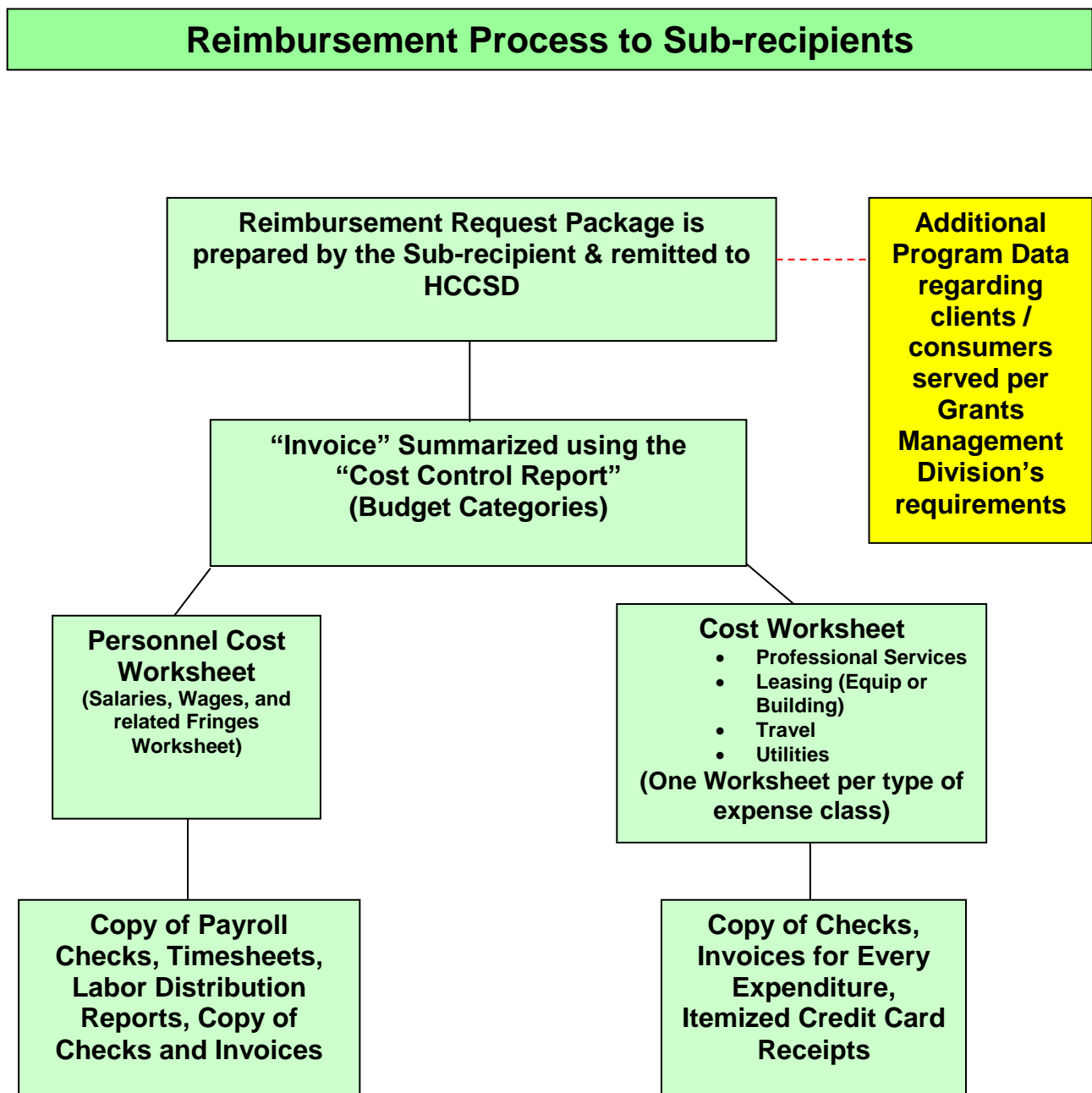
### **C. Background**

CSD administers, for Harris County, the entitlement (CDBG, HOME, and ESG) and competitive grants received from HUD. The Commissioners’ Court has appointed a Director over CSD to administer to the various grant programs related to Community and Economic Development. Within the CSD department, the Finance division carries out the accounting and monitoring functions of the agreements/contracts awarded to each sub-recipient. Generally, the Finance division is your primary point of contact for the financial aspects of your grant agreement/contract. The Grants Management section administers to the programmatic aspects of your contract.

The basic program regulations governing management and financial systems for grants are contained in Code of Federal Regulations Title 24 (24 CFR) and various OMB Circulars referenced in your contract with Harris County.

The documentation required for processing the reimbursement request is listed in following chart.

**D. Overview Chart**



## **E. Summary of the Process**

**Each month the sub-recipient is expected to submit the following forms and reports to CSD as per the contract:**

1. “Unit Price Invoice / Reimbursement Request” Form / (a.k.a. the “Invoice”) - This form must be updated, footed and must tie back to the totals found on the “Cost Control Report”. The form is similar in nature to an invoice and simply restates the current period amounts due to your organization. When updated properly, the “invoice” will automatically calculate the amounts due for the current period by comparing the units delivered times the established unit price(s) (year-to-date) versus the actual “to-date” eligible costs incurred. The invoice will automatically present for reimbursement the lower of the value of the units delivered or the total actual costs.

✚ Also, please personalize the top half of this form with the grant contract information; which includes the following information:

- Contractor Name – **Sub-recipient Organization Name**
- Enter Contract/Project/Grant No.
- Project Title
- Applicable Purchase Order Number
- Contract Performance Period
  - **From:** Beginning Date of your contract agreement
  - **To:** Ending Date of your contract agreement
- HUD Program Category – **(ESG)**
- Period Ending Date (the last day of month applicable to the period being reported)

**Note:** The above information, when entered into your invoice, will automatically appear on the subsequent forms within your request package. Budget revision form included.

2. “Cost Control Report” Form - The purpose of this form is to assist the sub-recipient in summarizing the totals from each of your cost worksheets, and to assist the HCCSD Grant Accountant in reviewing and monitoring the spending levels for each budgeted line item. It is important that each budget category amount agree with the totals contained in your detailed “cost worksheet(s)” (**Note:** You should include one “Cost Control Report” per “Reimbursement Request” package).
  
3. “Cost Worksheets” - These documents are a summary of detailed information and require that the sub-recipient itemize each major class of expense (both Payroll & Non-payroll). Your reimbursement request package should include one worksheet for each category having expenses during the period being reported. See the preceding chart on page four (4) for the various types of budget categories for which you may need to complete a *cost worksheet*. It is advisable to refer to the budget portion of your contract in order to ensure that all budgeted areas have been addressed in your package. Generally, the types of budget categories may include the following:
  - Personnel
  - Bed Days
  - Rental/Utility Assistance
  - Consumable Supplies
  - Travel/Mileage
  - Rent and Lease of Equipment
  - Lease Space
  - Professional Fees and Contract Services
  - Housing Stabilization and Relocation (new)

**Note:** It is recommended that when you are completing the aforementioned forms, you start at the most detailed level of information, (i.e. the cost worksheets) that will be included within your reimbursement request package and work upward toward the Invoice/Reimbursement Request.

4. Support documentation - You will be required to maintain and ultimately provide, during the monitoring visit, information regarding each reimbursement request claim that is submitted to CSD. You may be required to submit copies of supporting documentation with your reimbursement request (please refer to the terms of your contract). The

types of support documentation that you are required to maintain includes, but are not limited to, the following:

- Copy of Payroll checks
- Signed Timesheets
- Labor Distribution Reports
- Check Copies
- Copy of Invoices
- Lease Agreements
- Eviction Notice
- Disconnect Notices
- Itemized Receipts for credit cards and etc.
- Professional Fees & Contract Service Agreements

## **Part Two**

### ***PROCEDURES FOR PREPARING “REIMBURSEMENT REQUEST” PACKAGE***

#### **A. Sub-recipient Reimbursement Request Processing**

Sub-recipients should be aware of the processing deadlines and the requirements for preparing and submitting their “Reimbursement Request” forms with all required supporting documentation to CSD (refer to your court-approved agreement). If you are not sure, then contact HCCSD and request information on deadlines and requirements. You will be provided with information regarding the **PO Number**, updated forms and procedures.

#### **B. Preparing and Checking your “Reimbursement Request” Package**

**Note:** It is advisable to complete your package by starting your work from the most detailed (back to front) level of the package, beginning with the cost worksheets and working up to the “Invoice/reimbursement request” form.

- ◆ Before you start working on your “Reimbursement Request” package, ask yourselves and check for the following:
  - Does your agency know the correct Purchase Order No. for the program of your submitted claim?
    - If [YES], you can proceed;
    - If [NO], you should contact the HCCSD Finance section and obtain your Purchase Order No. related to your contract agreement.
- ◆ After the correct PO# is known and verified, proceed with the next step.



# 1. Cost Worksheets

## 1.1 Personnel Cost Worksheet – Payroll

Complete, if applicable, the personnel cost worksheet.

PERSONNEL COST WORKSHEET																	
Community Services Department (CSD) Harris County, Texas																	
Expense Category: <u>PERSONNEL</u>																	
Project Title: <u>Homelessness Prevention &amp; Life Enrichment</u>										Period Ending: <u>April 30, 2012</u>							
Contractor: <u>[Enter Subrecipient's Name - SAMPLE]</u>										Purchase Order No: <u>P33333</u>							
ITEMIZE LIST OF EXPENDITURES																	
DELIVERABLE NUMBER ONE																	
Salary/Wages PAID TO:	Position	Check Date	Check Number	Gross Salary	Payroll		Employer Portion					Total Personnel Costs	CSD Share %	CSD Share Amount			
					Period Ending	M- Monthly S- Semi- Monthly B- Bi-Weekly W- Weekly	FICA	Workers' Comp.	Insurance	SUTA	Pension						
Sophia Patrio	Director	4/1/12	001	\$1,000.00	4/15/12	S						\$1,000.00	10%	\$100.00			
Blanche Debarro	Asst. Director	4/1/12	002	\$800.00	4/15/12	S						\$800.00	30%	\$240.00			
Rose Nylan	Accountant	4/2/12	003	\$600.00	4/15/12	S						\$600.00	50%	\$300.00			
Dorothy Spomack	Pgr. Manager	4/3/12	004	\$200.00	4/15/12	S	\$120.00	\$20.00	\$60.00			\$400.00	90%	\$360.00			
												\$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 FOR DELIVERABLE NUMBER ONE</b>				\$2,600.00			\$120.00	\$20.00	\$60.00	\$0.00	\$0.00	\$2,800.00	93%	\$1,000.00			
DELIVERABLE NUMBER TWO																	
Sophia Patrio	Director	4/1/12	005	\$1,000.00	4/30/12	S						\$1,000.00	10%	\$100.00			
Blanche Debarro	Asst. Director	4/2/12	006	\$800.00	4/30/12	S						\$800.00	30%	\$240.00			
Rose Nylan	Accountant	4/2/12	007	\$600.00	4/30/12	S						\$600.00	50%	\$300.00			
Dorothy Spomack	Pgr. Manager	4/2/12	008	\$200.00	4/30/12	S	\$120.00	\$20.00	\$60.00			\$400.00	90%	\$360.00			
												\$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 FOR DELIVERABLE NUMBER TWO</b>				\$2,600.00			\$120.00	\$20.00	\$60.00	\$0.00	\$0.00	\$2,800.00	93%	\$1,000.00			
							Employer Check Number (1)	009									
							Employer Check Date (1)	4/30/12									
							Gross Check Amount (1)	\$400.00									
							Employer Check Number (2)										
							Employer Check Date (2)										
							Gross Check Amount (2)										
												<b>PERSONNEL COSTS WORKSHEET TOTAL</b>		<b>\$2,000.00</b>			

- a) Fill in the name(s), of the employee(s) that are being expensed under the agreement
- b) Fill in the position and verify that position is listed in the contract budget

**Note:** You must provide a list of employees and their budgeted positions and titles and update list when changes are made.

- c) Fill in the Payment date(s)
- d) Fill in the Check Number
- e) Fill in the Employer Portion of fringes
- f) Fill in the **Gross** Check Amount
- g) Fill in the **Payroll** Period Ending
- h) Fill in *CSD Share Percentage* to be reimbursed by CSD

**Note:** Personnel costs should be obtained from your organization's payroll records and sub-ledgers. Please ensure that CSD's share does not exceed the percentage the employee actually worked on the Program, per the labor distribution logs. Once you have completed the form, please run and attach calculator tapes to reports so that you have ensured accuracy of the cross and foot totals contained in your worksheet. Please ensure that your tapes start with [0.00] or [C] key.





## **INSTRUCTIONS:**

Locate within the cost reimbursement workbook and utilize the form applicable to the cost category. These forms may be utilized for consumable & supplies, professional fees and contract services, travel, building lease/rent, rent or lease of equipment and other budget categories.

- a) Fill in the “Paid to” field(s) with the Vendor / Payee name for each specific expense being claimed
- b) Fill in these description of Expenditure
- c) Fill in the Check date(s)
- d) Fill in the Check Number(s)
- e) Fill in the Check Amount (s)
- f) Fill in the Percentage of CSD’s share of the expense, e.g. (10%, 50%, and 100%). Refer to your budget or contract, or remaining budget
- g) Attach copies of checks, invoices and itemized credit card receipts. (Note: Cash expenses are allowed only for petty cash up to \$100)

**Note:** Once you have completed the form, please run and attach calculator tapes to reports so that you have ensured accuracy of the cross and foot totals contained in your worksheet. Please ensure that your tapes start with [0.00] or [C] key.

## 2. Cost Control Reports

COST CONTROL REPORT						
Community Services Department (CSD)						
Harris County, Texas						
[Enter Subrecipient's Name - SAMPLE]						
2012-0**						
Project Title: <u>Homelessness Prevention &amp; Life Enrichment</u>			Purchase Order No: <u>P33333</u>			
Contract Performance Period: From <u>6/26/2012</u>			To: <u>2/28/2013</u>			
HUD Program: <u>ESG</u>			Period Ending: <u>April 30, 2012</u>			
DELIVERABLE ONE						
BUDGET EXPENSE CATEGORIES	BUDGET CSD SHARE	ACTUAL EXPENDITURE				BUDGET BALANCE
		PRIOR MONTHS	THIS MONTH	YTD AMOUNT	YTD %	
Personnel	\$10,000.00	\$600.00	\$1,000.00	\$1,600.00	16%	\$8,400.00
Housing Relocation & Stabilization	\$15,000.00	\$700.00	\$450.00	\$1,150.00	8%	\$13,850.00
Professional Fees & Contract Svcs.	\$10,000.00	\$800.00	\$2,561.50	\$3,361.50	34%	\$6,638.50
Travel	\$10,000.00	\$9,000.00	\$56.32	\$9,056.32	91%	\$943.68
Lease Space	\$10,000.00		\$0.00	\$0.00	0%	\$10,000.00
Consumable Supplies	\$10,000.00		\$247.00	\$247.00	2%	\$9,753.00
Rent & Lease of Equipment	\$10,000.00		\$0.00	\$0.00	0%	\$10,000.00
Rental Assistance	\$25,000.00	\$7,500.00	\$2,000.00	\$9,500.00	38%	\$15,500.00
Other (Explain)	\$0.00		\$0.00	\$0.00	0%	\$0.00
Other (Explain)	\$0.00		\$0.00	\$0.00	0%	\$0.00
<b>TOTAL</b>	<b>\$100,000.00</b>	<b>\$18,600.00</b>	<b>\$6,314.82</b>	<b>\$24,914.82</b>	<b>25%</b>	<b>\$75,085.18</b>
DELIVERABLE TWO						
BUDGET EXPENSE CATEGORIES	BUDGET CSD SHARE	ACTUAL EXPENDITURE				BUDGET BALANCE
		PRIOR MONTHS	THIS MONTH	YTD AMOUNT	YTD %	
Personnel	\$10,000.00	\$500.00	\$1,000.00	\$1,500.00	15%	\$8,500.00
Housing Relocation & Stabilization	\$15,000.00	\$700.00	\$600.00	\$1,300.00	9%	\$13,700.00
Professional Fees & Contract Svcs.	\$10,000.00	\$800.00	\$2,561.50	\$3,361.50	34%	\$6,638.50
Travel	\$10,000.00		\$15.66	\$15.66	0%	\$9,984.34
Lease Space	\$10,000.00		\$0.00	\$0.00	0%	\$10,000.00
Consumable Supplies	\$10,000.00	\$500.00	\$358.00	\$858.00	9%	\$9,142.00
Rent & Lease of Equipment	\$10,000.00		\$0.00	\$0.00	0%	\$10,000.00
Rental Assistance	\$25,000.00	\$7,000.00	\$1,410.00	\$8,410.00	34%	\$16,590.00
Other (Explain)	\$0.00		\$0.00	\$0.00	0%	\$0.00
Other (Explain)	\$0.00		\$0.00	\$0.00	0%	\$0.00
<b>TOTAL</b>	<b>\$100,000.00</b>	<b>\$9,500.00</b>	<b>\$5,945.16</b>	<b>\$15,445.16</b>	<b>15%</b>	<b>\$84,554.84</b>
MATCHING/LEVERAGED FUNDS REPORT						
MATCHING (LEVERAGED) FUNDS (*)(**)	COMMITTED AMOUNT	PRIOR MONTHS	THIS MONTH	YTD AMOUNT	YTD %	MATCHING FUNDS BALANCE
Donations	\$100,000.00	\$18,600.00	\$6,500.00	\$25,100.00	25%	\$74,900.00
ex. CASH				\$0.00	0%	\$0.00
ex. OTHER AGENCY (United Care)	\$100,000.00	\$9,500.00	\$6,000.00	\$15,500.00	16%	\$84,500.00
ex. OTHER AGENCY				\$0.00	0%	\$0.00
<b>TOTAL</b>	<b>\$200,000.00</b>	<b>\$28,100.00</b>	<b>\$12,500.00</b>	<b>\$40,600.00</b>	<b>20%</b>	<b>\$159,400.00</b>
*Identify source of other direct service program funds:						
** Break down by type of Eligible Matching Funds must be submitted monthly to CSD.						
All supporting documentation related to this claim is available within the files of the subrecipient and/or CSD; as per this invoice's related contract. Additionally, such documentation will be made available at the request of the County Auditor's Office or CSD.						

**Note:** The sub-recipient should have ONLY ONE *Cost Control Report* Form per reimbursement request claim. This form assists in overall budget control of each expense line item.

- a) The Budget Expense Category should cross reference and balance to your court-approved agreement (Note: One cost worksheet per budget category)
- b) Budget amounts on report should equal the budget amounts listed in your agreement
- c) *This Month* will automatically reflect the actual expenditure amounts per each budget category from each corresponding cost worksheet
- d) YTD balances should be in agreement with last month Y-T-D report balance (or updates from CSD) plus current month charges
- e) Keep track of Y-T-D totals for each expenditure budget category
- f) Verify that CSD share percentages are correct
- g) Foot and cross foot to verify that the budget balance amount(s) is correct
- h) If the agreement requires match or leverage, please be sure funding is properly listed
- i) Sign and date the report

**Note:** Run and attach calculator tapes to reports – start tapes with [0.00] or [C] key.

### 3. Preparing your Invoice / Reimbursement Request

UNIT PRICE INVOICE / REIMBURSEMENT REQUEST						
ESG [Enter Subrecipient's Name - SAMPLE] 2012-0**						
Project Title: <u>Homelessness Prevention &amp; Life Enrichment</u>			Purchase Order No: <u>P33333</u>			
Contract Performance Period: <b>From:</b> <u>6/26/2012</u>			To: <u>2/28/2013</u>			
Address: _____			THIS INVOICE INCLUDES: <input checked="" type="checkbox"/> Deliverable 1 <input checked="" type="checkbox"/> Deliverable 2			
Telephone: _____ Ext. _____			INVOICE NUMBER: <b>04 P33333S</b>			
E-Mail Address: _____			Supplemental: <input checked="" type="checkbox"/> Y ("X" in box if YES)			
Alternate Contact Name: _____ Ext. _____			Period Ending: <u>April 30, 2012</u>			
EXPENDITURE REPORT – HUD PROGRAM CATEGORIES						
Units of Service for Deliverables						
Name of Deliverable/Activity	ASSISTANCE		HOUSING STABILIZATION/RELOCATION			
	UNITS	\$Value	UNITS	\$Value		
Cost Per Unit of Service:	DELIVERABLE NUMBER ONE		DELIVERABLE NUMBER TWO			
		\$ 35.00		\$ 1,000.00		
Current Period units delivered:	80	\$ 2,800.00	25	\$ 25,000.00		
Prior Period Units delivered:	100	\$ 3,500.00	30	\$ 30,000.00		
GM's Adjustment:						
Total units delivered to date:	180		55			
Value of units delivered contract period to date:		\$ 6,300.00		\$ 55,000.00	\$ 61,300.00	
Actuals						
Program:	HUD Program Budget (CSD Share)	As of Last Month Cumulative Expenses	This Month	YTD	% of CSD Share	Budget Balance
Deliverable 1	100,000.00	18,600.00	6,314.82	24,914.82	25%	75,085.18
Deliverable 2	100,000.00	9,500.00	5,945.16	15,445.16	15%	84,554.84
<b>TOTAL</b>	<b>\$200,000.00</b>	<b>\$28,100.00</b>	<b>\$12,259.98</b>	<b>\$40,359.98</b>	<b>20%</b>	<b>\$159,640.02</b>
<b>Deliverable No. 1 recap:</b>						
Amounts Already Reimbursed deliverable 1:				\$3,500.00		
Amount of Allowable Reimbursement (Lesser of Unit Value or CYT Actual Cost):				\$6,300.00		
Amount to be reimbursed this period				\$2,800.00		
<b>Deliverable No. 2 recap:</b>						
Amounts Already Reimbursed for deliverable 2:				\$9,500.00		
Amount of Allowable Reimbursement (Lesser of Unit Value or CYT Actual Cost):				\$15,445.16		
Amount to be reimbursed this period				\$5,945.16		
<b>GRAND TOTAL REIMBURSEMENT (THIS PERIOD):</b>				<b>\$8,745.16</b>		
RECAP OF MATCHING FUNDS REQUIREMENTS						
Match Funds	Committed Amount	This Month	Previous Months	YTD	Matched %	Amount Left to Meet Match Obligation
	\$200,000.00	\$12,500.00	\$28,100.00	\$40,600.00	20%	\$159,400.00
Also, I (we) certify that the above information accurately reflects the costs and records of this subrecipient or contractor and were prepared in accordance with the terms of agreement with Harris County.						
Prepared By: Signature _____			Authorized Officer: Signature _____			
Prepared By: Full Name _____			Authorized Officer: Full Name _____			
Date _____			Date _____			
<b>For HCCSD Use Only:</b>				<b>Coding Information</b>		
_____				GM Review	PO Item #1 =	_____
_____				Finance Review	PO Item #2 =	_____
_____				Completed Review	PO Item #3 =	_____
Comments: _____						
***Note: All supporting documentation related to this claim is available within the files of the subrecipient and/or CSD; as per this invoice's related contract. Additionally, such documentation will be made available at the request of the County Auditor's Office or CSD.						



- a) Fill in your program (Example: *ESG*, HOME or CDBG)
- b) Place your organization's name in the [sub-recipient name] field
- c) Fill in Contract/Project/Grant No.
- d) Fill in Project Title
- e) Please verify and enter the correct PO number

**Note:** If you are not sure of correct program or project PO#, contact CSD for the information.

- f) Contract Performance Period
  - **From:** Beginning date of current grant agreement
  - **To:** Ending date of the current grant agreement
- g) Fill in address and contact date
- h) Place an ["X"] in the deliverable box for the appropriate number of activities/deliverable(s) claimed. In other words, if your agreement contains more than one reimbursable activity/deliverable, please mark as many boxes you claimed for that period
- i) Period Ending Date – Month covered by this reimbursement
- j) Supplemental – Place an ["X"] in the supplemental box if the current invoice contains additional costs for the period ending
- k) *Budget Amount* on report should agree with the *Budget Amount* within the contract (this information is automatically populated from the Cost Control Report)
- l) *This Month* expenditure matches with total in *This Month* on Cost Control Report (this information is automatically populated from the Cost Control Report)
- m) The *Budget Balance* column should match the *Budget Balance* totals on your Cost Control Report (this information is automatically populated from the Cost Control Report)
- n) Sign and date your request

**Note:** In addition to your hard copy submittal, please submit the reimbursement request package electronically to your assigned Grant Accountant.

## 4. Budget Revisions

BUDGET REVISION FORM						
ESG Revision No: <input type="checkbox"/> 1 <input type="checkbox"/> 2						
Project Title: <u>Homelessness Prevention &amp; Life Enrichment</u>			Contract Period: <u>6/26/2012</u> through <u>2/28/2013</u>			
Contractor: <u>[Enter Subrecipient's Name - SAMPLE]</u>			Purchase Order No: <u>P33333</u>			
Amount of Add'l Funds Requested: _____			<input checked="" type="checkbox"/> Reallocation <input type="checkbox"/> Increase		Contract Period Remaining: Enter Start Date - <u>2/28/2013</u>	
Budget Category	Original or Last Approved Budget Amount [a]	Expenditures To-Date [b]	Budget Balance Amount [c] = [a] - [b]	Adjustment or Revision Amount [d]	Total Revised Budget [a] + [d]	[For CSD use ONLY] Revised Approved Budget
<b>DELIVERABLE NUMBER ONE</b>						
Personnel	10,000.00	1,600.00	8,400.00		10,000.00	
Housing Stabilization & Relocation Services	15,000.00	1,150.00	13,850.00	2,500.00	17,500.00	
Professional Fees & Contract Svcs.	10,000.00	3,361.50	6,638.50		10,000.00	
Travel & Training	10,000.00	9,056.32	943.68		10,000.00	
Lease Space	10,000.00	0.00	10,000.00		10,000.00	
Consumable Supplies	10,000.00	247.00	9,753.00		10,000.00	
Rent & Lease of Equipment	10,000.00	0.00	10,000.00	(5,000.00)	5,000.00	
Rental Assistance	25,000.00	9,500.00	15,500.00	2,500.00	27,500.00	
Other (Specify)	0.00	0.00	0.00		0.00	
<b>DELIVERABLE ONE TOTAL</b>	<b>\$100,000.00</b>	<b>\$24,914.82</b>	<b>\$75,085.18</b>	<b>\$0.00</b>	<b>\$100,000.00</b>	
<b>DELIVERABLE NUMBER TWO</b>						
Personnel	10,000.00	1,500.00	8,500.00	(1,000.00)	9,000.00	
Housing Stabilization & Relocation Services	15,000.00	1,300.00	13,700.00	4,000.00	19,000.00	
Professional Fees & Contract Svcs.	10,000.00	3,361.50	6,638.50		10,000.00	
Travel & Training	10,000.00	15.66	9,984.34	(5,000.00)	5,000.00	
Lease Space	10,000.00	0.00	10,000.00	(4,000.00)	6,000.00	
Consumable Supplies	10,000.00	858.00	9,142.00		10,000.00	
Rent & Lease of Equipment	10,000.00	0.00	10,000.00		10,000.00	
Rental Assistance	25,000.00	8,410.00	16,590.00	6,000.00	31,000.00	
Other (Specify)	0.00	0.00	0.00		0.00	
<b>DELIVERABLE TWO TOTAL</b>	<b>\$100,000.00</b>	<b>\$15,445.16</b>	<b>\$84,554.84</b>	<b>\$0.00</b>	<b>\$100,000.00</b>	
<b>GRAND TOTAL</b>	<b>\$200,000.00</b>	<b>\$40,359.98</b>	<b>\$159,640.02</b>	<b>\$0.00</b>	<b>\$200,000.00</b>	
Prepared By: Signature _____			Date _____		Authorized Officer: Signature _____	
Prepared By: Full Name _____			Date _____		Authorized Officer: Full Name _____	
<i>For CSD Use Only</i>						
_____				GM Review		
Date _____						
_____				Finance Review		
Date _____						
_____				Completed Review		
Date _____						

- a) Fill in contractor/sub-recipient name (will automatically update)
- b) Fill in Project Title and address (will automatically update)
- c) Fill in revision number
- d) PO# must be correct and be same on “Reimbursement Request” and Cost Control Report and Worksheets (will automatically update)

**Note:** If not sure of correct program or project PO#, contact CSD to provide correct information needed.

- e) Contract Performance Period
- f) [  ] – Mark revision type – Reallocation or Increase
- g) [] – Mark your program; if your program is “**Other**” then fill in name of your program (Example: ESG, or CDBG, or HOME etc.)
- h) Complete amount of additional funds requested
- i) Fill in contract period remaining
- j) In column [**a**] fill in the original or last approved budget amount for each budget category (will automatically update)
- k) In column [**b**] fill in expenditures to date for each budget category (will automatically update)
- l) Column [**c**] subtracts the expenditures in column [**b**] from the original or last approved budget amount column [**a**] for each category (will automatically update)
- m) In column [**d**] fill in the adjustments or revision amount for each category
- n) In the Total Revised Budget column add column [**a**] the “budget” amount to column [**d**] the adjustment or revision amount to get the total revised budget for each category (will automatically update)
- o) Sign and date request – Prepared by and Authorized Officer