

**SUBRECIPIENT AGREEMENT**

between

**COUNTY OF SANTA BARBARA**

and

**UNITED WAY OF SANTA BARBARA COUNTY**

for

**AMERICAN RESCUE PLAN ACT OF 2021 EMERGENCY RENT ASSISTANCE PROGRAM**

**FIRST AMENDMENT**

This First Amendment to the Subrecipient Agreement, dated September 27, 2021, (“Agreement”) is made between the **United Way of Santa Barbara County**, a California nonprofit organization, whose address is 320 E. Gutierrez Street, Santa Barbara, CA 93101, (hereafter “Subrecipient”) and the **County of Santa Barbara**, a political subdivision of the State of California, (hereinafter “County”).

**WHEREAS**, pursuant to Agreement Section I.E, the County and Subrecipient desire to make certain amendments to the Agreement as detailed herein; and

**WHEREAS**, a \$2,442,626 second tranche of the the COUNTY’s American Rescue Plan Emergency Rent Assistance (ERA 2) allocation was made available to County by the U.S. Department of Treasury since the Agreement was executed; and

**WHEREAS**, the State of California anticipates closing its Emergency Rental Assistance Application Portal due to exhaustion of funds for Santa Barbara County Residents; and

**NOW, THEREFORE**, in consideration of the mutual covenants and conditions contained herein, the Parties agree as follows:

**Definitions.** Capitalized terms used in this First Amendment, to the extent not otherwise defined herein shall have the same meanings as in the Agreement.

**Amendments.** The Parties agree to the following amendments:

1. The Amount of the Agreement is increased from Four Million Two Hundred and One Thousand Six Hundred Fourteen Dollars and Eighty Four Cents (\$4,201,614.84) to Six Million Six Hundred Forty Four Thousand Two Hundred Forty Dollars (\$6,644,240.84).
2. Exhibit A of the Agreement, Scope of Services, is replaced in its entirety by the Exhibit A attached to this Amendment and incorporated herein by this reference.
3. Exhibit B, Budget of the Agreement, is replaced in its entirety by the Exhibit B attached to this Amendment and incorporated herein by this reference.

4. Exhibit C of the Agreement, Expenditure Summary Reimbursement Report, is replaced in its entirety by the Exhibit C attached to this Amendment and incorporated herein by this reference.

**Ratifications.** The terms and provisions set forth in this First Amendment shall modify and supersede all inconsistent terms and provisions set forth in the Agreement. The terms and provisions of the Agreement, except as expressly modified and superseded by this First Amendment, are ratified and confirmed and shall continue in full force and effect, and shall continue to be legal, valid, binding and enforceable obligations of the parties.

**Counterparts.** Pursuant to Section XIII of the Agreement this First Amendment may be executed in counterparts, all of which taken together shall constitute a single agreement between the Parties.

*(Signatures on following pages.)*

First Amendment to Subrecipient Agreement between the **County of Santa Barbara** and **United Way of Santa Barbara**.

**IN WITNESS WHEREOF**, the parties have executed this First Amendment to be effective on September 27, 2021.

**ATTEST:**  
MONA MIYASATO  
CLERK OF THE BOARD

**COUNTY OF SANTA BARBARA:**

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Bob Nelson  
Chair, Board of Supervisors

Date: \_\_\_\_\_

**APPROVED AS TO ACCOUNTING FORM:**  
BETSY M. SCHAFFER, CPA  
AUDITOR-CONTROLLER

**COUNTY OF SANTA BARBARA, COMMUNITY SERVICES DEPARTMENT:**  
GEORGE CHAPJIAN, DIRECTOR

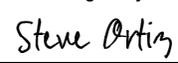
DocuSigned by:  
  
By: \_\_\_\_\_  
Deputy Auditor- Controller

DS  
  
By: \_\_\_\_\_  
Department Head

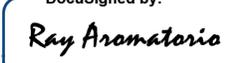
**APPROVED AS TO FORM:**  
RACHEL VAN MULLEM  
COUNTY COUNSEL

**SUBRECIPIENT: UNITED WAY OF SANTA BARBARA COUNTY**

DocuSigned by:  
  
By: \_\_\_\_\_  
Deputy County Counsel

DocuSigned by:  
  
By: \_\_\_\_\_  
Steve Ortiz, President & CEO

**APPROVED AS TO FORM:**  
RAY AROMATORIO, ARM, AIC  
RISK MANAGEMENT

DocuSigned by:  
  
By: \_\_\_\_\_  
Risk Manager

**EXHIBIT A**

**SCOPE OF SERVICES**

SUBRECIPIENT: United Way of Santa Barbara County  
PROGRAM NAME: American Rescue Plan Emergency Grant Payment Program  
AGREEMENT AMOUNT: \$6,644,240.84

**INTRODUCTION**

This Scope of Services is attached to and incorporated into the Subrecipient Agreement (AGREEMENT) between the County of Santa Barbara (COUNTY) and United Way of Santa Barbara County (SUBRECIPIENT). The purpose of this Scope of Services is to further describe the program requirements referenced in the Agreement.

**1. FEDERAL REGULATORY INFORMATION**

A. National Objective: *Benefit to low- and moderate- income (LMI) persons*

Proposed Number of beneficiaries: 500 households with rent and utility assistance

B. Beneficiaries. Beneficiaries who will benefit from the project are to be counted by the total number of HOUSEHOLDS (all members of a household are counted as one household).

C. The Project will be carried out under (check one):

24 CFR 570.208(a)(1) Area Benefit  
List the neighborhoods and census tracts of the service areas in which the activities will be carried out:  
Neighborhoods:  
Census Tracts:

OR

Limited Clientele  
Select which method of income verification that must be used:  
 Self-Certification. If an applicant is able to provide satisfactory evidence of residence but is unable to present adequate documentation of the amount of the rental obligation, grantees may accept a written attestation from the applicant to support the payment of assistance up to a monthly maximum of 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides, as most recently determined by HUD and made available at <https://www.huduser.gov/portal/datasets/fmr.html>. In this case, the applicant must also attest that the household has not received, and does not anticipate receiving, another source of public or private subsidy or assistance for the rental costs that are the subject of the attestation. This limited payment is intended to provide the most vulnerable households the opportunity to gather additional documentation of the amount of the rental obligation or to negotiate with landlords in order to avoid eviction. The assistance described in this paragraph may only be provided for three months at a time, and a grantee must obtain evidence of rent owed consistent with the above after three months in order to provide further assistance to such a household.

OR



Verification of income per 24 CFR Part 5.609 (referred to as "Part 5")  
Regulation:

OR



Presumed Benefit: Elderly Persons per 24 CFR Part 570.208 (a) (2) (A). No income qualification of clients is required; provided, however, that the organization provides documentation confirming that the program being funded exclusively serves persons who meet the presumed benefit definition.

## 2. ACTIVITY DESCRIPTION/PERFORMANCE GOALS

### A. Scope of Work to be performed

SUBRECIPIENT will administer an Emergency Rent Assistance program (Program) as authorized by the American Rescue Plan Act of 2021. The Program will provide emergency assistance payments to qualifying households who apply to SUBRECIPIENT's on-line application portal. Assistance may cover 100% of arrears dating back to March 2020, current amounts due, and up to 3-months of prospective rent, and relocation assistance as authorized by the American Rescue Plan (such as security deposits and first and last months rent for securing a new unit), for up to a total of 18-months combined assistance under the Consolidated Appropriations Act ERAP and this American Rescue Plan ERAP. Rental arrears must be prioritized before current or future rent. Eligible expenses include rent, utilities, and relocation assistance. The funds may not be used for ineligible expenditures, as may be described in U.S. Department of Treasury or State of California guidance.

Payments will be made directly to the owners or managers ("landlords") of the rental units on behalf of the tenants except as otherwise provided herein. Rent payments may be made to tenants directly in limited circumstances where landlords do not accept ERA payments despite (i) a request for participation is sent in writing, by mail, to the landlord, and the addressee does not respond to the request within seven calendar days after mailing; (ii) SUBRECIPIENT has made at least three attempts by phone, text, or e-mail over a five calendar-day period to request the landlord or utility provider's participation; or (iii) a landlord confirms in writing that the landlord does not wish to participate.

Qualifying households are also eligible to apply for utility payment assistance, for arrears dating back to March 13, 2020, current, and up to 3-months of prospective utility payments, for a total of 18-months combined assistance under the Consolidated Appropriations Act ERAP and this American Rescue Plan ERAP.

The Emergency Rent Assistance Program is intended to prevent homelessness by providing rent assistance to residents who experienced a loss of income due to, or during, coronavirus, also

known as COVID-19. Program applicants at or below 50% AMI will be prioritized for assistance and offered additional housing counseling services. SUBRECIPIENT must require applicants to document that they have:

- a. one or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship during or due to or during the coronavirus pandemic;
- b. one or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability, which may include past due rent and utility notices and eviction notices, if any, as part of the application process; and
- c. the household is a low-income family (as such term is defined in section 3(b) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b))). For determining annual income, SUBRECIPIENT shall document at least one of the following methods of Income Certification for each approved application:
  1. Source Document Income Certification. Obtain at the time of application source documents evidencing annual income (e.g., wage statement, interest statement, unemployment compensation statement). For determining monthly income, SUBRECIPIENT must obtain income source documentation, as listed above per 4 CFR Part 5.609, for at least the two months prior to the submission of the application for assistance.
  2. Categorically Eligible. If an applicant's household has been verified as a low-income family as defined in section 3(b) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)) (for ERA2) in connection with another local, state, or federal government assistance program, grantees are permitted to rely on a determination letter from the government agency that verified the applicant's household income or status as a low-income family, provided that the determination for such program was made on or after January 1, 2020. I.e., Medi-Cal, WIC, Free and Reduced Lunch, SNAP, Cal Fresh, CalWORKS, SNP, Free and Reduced Lunch Program for California Families, and any household income-based state or federally funded assistance program for low-income persons or households.
  3. Self-Certification. If an applicant is unable to present adequate documentation of the amount of the rental obligation, grantees may accept a written attestation from the applicant to support the payment of assistance up to a monthly maximum of 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides, as most recently determined by HUD and made available at <https://www.huduser.gov/portal/datasets/fmr.html>. In this case, the applicant must also attest that the household has not received, and does not anticipate receiving, another source of public or private subsidy or assistance for the rental costs that are the subject of the attestation. This limited payment is intended to provide the most vulnerable households the opportunity to gather additional documentation of the amount of the rental obligation or to negotiate with landlords in order to avoid eviction. The assistance described in this paragraph may only be provided for three months at a

time, and a grantee must obtain evidence of rent owed consistent with the above after three months in order to provide further assistance to such a household.

SUBRECIPIENT will serve qualified program beneficiaries who submit an application on United Way’s application portal on a first-come, first served basis and applicants will be placed in the queue when their applications are deemed “complete” by the SUBRECIPIENT, i.e. when all required supporting documentation is received, such as income information, proof of job loss or reduced hours, etc. The order of applications accepted and processed may not necessarily reflect the order of when applicants first contacted the SUBRECIPIENT or date that the application was first submitted. In addition, the SUBRECIPIENT may find, upon further examination of supporting documentation, that some applicants won’t meet the income or other eligibility criteria and will deny applications when warranted. In order to prioritize eligible households at or below 50% AMI, SUBRECIPIENT will process checks to this population prior to other qualifying households in its bi-weekly check cutting cycle. Applicant households at or below 50% AMI may also be referred to SUBRECIPIENT’s subcontractor for eviction prevention housing counseling services.

SUBRECIPIENT shall staff a call center during business hours where tenants, landlords, and courts at their option can obtain the status of an application and request documentation of such status.

*i. Eligible geographic areas*

Eligible areas	Income limits
County-wide	80% AMI

*ii. Eligible income limits*

FY 2020 Income Limit Category	Total number of persons in household related and unrelated							
	1	2	3	4	5	6	7	8
<b>80% Area Median Income</b>	66,750	76,250	85,800	95,300	102,950	110,550	118,200	125,800
<b>50% Area Median Income</b>	41,650	47,600	53,550	59,500	64,300	69,050	73,800	78,550

*iii. Summary of SUBRECIPIENT Program administration*

- Confirm eligibility
  1. Jurisdiction (Santa Barbara County)
  2. Income
  3. Unemployment benefits; loss of income due to or during COVID-19
  4. Risk of homelessness or housing instability
- Eligible for Unemployment, or, Proof of loss of income and connection to COVID-19:
  - Employer letter, if available
  - Employer/Business name and address
  - Duties
  - Date or reason for furlough/layoff/termination

- Applicant signs declaration under penalty of perjury and repayment of funds (form to be provided by HCD or may be incorporated into application if application is/will be signed, or electronically signed, by applicant).
- Certification of household income.
  - Documentation of household income shall conform to 4 CFR Part 5.609 except that under limited circumstances, a grantee may rely on a written attestation from the applicant without further documentation of household income. Such limited circumstances may reasonably include: to accommodate disabilities, extenuating circumstances related to the pandemic, or a lack of technological access
- Document amount of rent or relocation assistance
  - Copy of lease, if available
  - Landlord confirmation if current lease is not available
  - If an applicant is unable to present adequate documentation of the amount of the rental obligation, grantees may accept a written attestation from the applicant to support the payment of assistance up to a monthly maximum of 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides, as most recently determined by HUD and made available at <https://www.huduser.gov/portal/datasets/fmr.html>. In this case, the applicant must also attest that the household has not received, and does not anticipate receiving, another source of public or private subsidy or assistance for the rental costs that are the subject of the attestation. The assistance described in this paragraph may only be provided for three months at a time, and a grantee must obtain evidence of rent owed consistent with the above after three months in order to provide further assistance to such a household
- Document amount of utilities
  - Copy of current/past bill
- Duplication of Benefits Check
  - Check HMIS and State of California data
  - Applicants can reapply for additional 3-months assistance, for a maximum of 18 months' rent and/or utilities.
  - Comply with Non-Binding Memorandum of Understanding between COUNTY and State of California Department of Housing and Community Development, a copy of which is appended to this Exhibit A Scope of Services.
- Pay landlords rent arrears, current rent, and/or up to 3-months of prospective rent, or relocation assistance (such as deposits for new rental units) after an eviction
  - Ask tenant how much they need (verifiable by documentation or communication with landlord)
  - Must pay back rent arrears before current or future rent
  - Rent payments may be made to tenants directly in limited circumstances where landlords do not accept ERA payments despite (i) a request for participation is sent in writing, by mail, to the landlord, and the addressee does not respond to the request within seven calendar days after mailing; (ii) SUBRECIPIENT has

made at least three attempts by phone, text, or e-mail over a five calendar-day period to request the landlord or utility provider's participation; or (iii) a landlord confirms in writing that the landlord does not wish to participate.

- Pay utility companies arrears, current, and/or up to 3-months of prospective utility payments up to 18-months combined assistance under the Consolidated Appropriations Act ERAP and this American Rescue Plan ERAP.
- Upon request, provide Application Status and any Final Determinations of applications for rent assistance to landlords of a given unit, tenants of a given unit, or courts.

### **3. REPORTING**

Data collection must be completed demonstrating income eligibility and achievements met towards meeting the objectives described in Section 2 Activity Description. The disbursement of funds is contingent upon the receipt of the required information.

Reports are due as required by State and Treasury, at a minimum monthly by the 15th day of the month. Reports must include the following:

- a. Number of beneficiaries served during the reporting period by Supervisorial District
- b. Total number of applications received (awarded and denied) during the reporting period
- c. Demographic information for each household member (HCD will provide form)
- d. Documentation of household income level
- e. Numeric accounting of progress toward goals, including without limitation:
  - i. Average rental assistance amount provided per household; and
  - ii. Number of unduplicated households assisted
- f. Brief narrative report on activities contained in Section 2

At a minimum, in order to ensure COUNTY is able to fulfil its reporting requirements to Treasury and Duplication of Benefits reports to the State, SUBRECIPIENT will collect beneficiary income and demographic information, which will include the following information:

- Address of rental unit assisted,
- Name, address, social security number, tax identification number or DUNS number, as applicable, for landlord and utility provider,
- Amount and percentage of monthly rent covered by ERA assistance,
- Amount and percentage of separately stated utility and home energy costs covered by ERA assistance;
- Total amount of each type of assistance provided to each household (i.e., rent, rental arrears, utilities and home energy costs, utilities and home energy costs arrears, and other expenses related to housing incurred due directly or indirectly to the COVID-19 outbreak);
- Amount of outstanding rental arrears for each household,
- Number of months of rental payments and number of months of utility or home energy cost payments for which ERA assistance is provided,
- Household income and number of individuals in the household,
- Gender, race, and ethnicity for the primary applicant for assistance, and
- Number of applications received in order to be able to report to Treasury the acceptance rate of applicants for assistance.

SUBRECIPIENT will follow the duplication of benefits procedures of the State of California Department of Housing and Community Development, as may be modified or updated throughout the performance of this scope of work.

#### **4. RECORD-KEEPING AND MONITORING**

The SUBRECIPIENT shall retain all financial records, supporting documents, statistical records, and all other records pertinent to this Agreement for a period of at least five (5) years after the later of expiration of this Agreement or final payment made by County to Subrecipient. Files shall be made available to the County, the State of California, the Office of Inspector General, the General Accounting Office, or any other federal regulatory agency, upon request for monitoring purposes.

#### **5. Data Privacy and Security Requirements**

SUBRECIPIENT understands that information and data collected from individuals and households in connection with this AGREEMENT is private and confidential, including but not limited to any information collected from individuals who are survivors of intimate partner violence, sexual assault, or stalking ("Protected Information"). SUBRECIPIENT shall only collect Protected Information as necessary in order to perform this AGREEMENT and to submit reports as required herein and in the Non-Binding Memorandum of Understanding appended hereto. SUBRECIPIENT shall comply with all privacy and confidentiality laws applicable to the Protected Information, including applicable federal, state and local laws.

SUBRECIPIENT shall implement appropriate safeguards, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information. SUBRECIPIENT's obligations include, but are not limited to, implementing and abiding by the procedures set forth in SUBRECIPIENT's Confidential Information and Nondisclosure policy attached to this Exhibit A Scope of Work. COUNTY, through the Community Services Director or designee, reserves the right to require additional data privacy and security measures in order to protect the privacy of individuals and households, whether such additional measures are required by Federal or State Law, in connection with further regulatory, statutory or programmatic guidance released in or as otherwise determined to be necessary by COUNTY in its sole discretion. SUBRECIPIENT shall notify COUNTY within twenty-four (24) hours of any suspected or actual breach of security, or any access, use or disclosure of Protected Information not permitted by the AGREEMENT or unauthorized use or disclosure of Protected Information of which SUBRECIPIENT becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. SUBRECIPIENT shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.

SUBRECIPIENT shall ensure that any agents and subcontractors under this AGREEMENT agree in writing to the same restrictions and conditions that apply to SUBRECIPIENT with respect to such Protected Information and implement the safeguards required by this AGREEMENT. SUBRECIPIENT's agents and subcontractors may implement alternative administrative, physical or technical safeguards only with the prior written approval from the County Community Services Director.

## EXHIBIT B

### BUDGET AND PAYMENT PROCEDURES

SUBRECIPIENT: United Way of Santa Barbara County

PROGRAM NAME: American Rescue Plan Emergency Grant Payment Program

AGREEMENT AMOUNT: \$6,644,240.84

#### INTRODUCTION

This Budget and Payment Procedures exhibit is attached to and incorporated into the Subrecipient Agreement between the County of Santa Barbara, State of California and United Way of Santa Barbara County (SUBRECIPIENT) as referenced in the Agreement. The purpose of this Budget and Payment exhibit is to further describe the payment requirements referenced in the Subrecipient Agreement.

#### 1. BUDGET

ITEM	DESCRIPTION	AMOUNT
Program Delivery Costs	United Way admin and FSA case management sub-contract	\$664,424
Direct Assistance	Rent, utility and relocation assistance	\$5,979,817
<b>TOTAL</b>		<b>6,644,241</b>

#### 2. REIMBURSEMENT OF STAFF SALARIES AND BENEFITS

Check box if Not Applicable

The salaries and benefits of the following staff positions are eligible for reimbursement:

TITLE	DUTIES
Case Management Contract Services (Family Services Agency)	Income and other eligibility certification and issue checks
Bilingual Program Coordinator Support Staff (x7)	In-person/over the phone office hour application support
Program Coordinator	Document and Reporting
Finance/Accounting/Reporting & Audit	Department Costs/prepare invoices to County, along with required supporting documentation

*Individual staff members may change from time-to-time; however, such changes must be reported to the County.*

#### 3. DRAW REQUESTS

Draw requests must include:

- A. Expenditure Summary and Payment Request (ESPR)
- B. Supporting documentation (check all that apply):
  - Third-party invoices or receipts
  - Check copies showing payment (cancelled checks)
  - Payroll records, including timesheets delineating time worked on eligible activities and payroll journals showing gross pay and deductions
  - Proof of County residency, self-verification of COVID-19, and documentation of income level

**EXHIBIT C  
EXPENDITURE SUMMARY AND PAYMENT REQUEST (ESPR)**

**FY 2020 - 21**  
July - June

**INSTRUCTIONS: Complete tab 2 first, then complete only the yellow shaded cells on tab 1. Print, sign and subn**

**Agency Name** United Way of Santa Barbara County  
**Program Name** American Rescue Plan ERA 2  
**Address** 320 Gutierrez Street, Santa Barbara, CA 93103  
**Contact Person** Steve Ortiz  
**Phone** 805-965-8591  
**Email** [sortiz@unitedwaysb.org](mailto:sortiz@unitedwaysb.org)

**Invoice/Request #** \_\_\_\_\_ **Revised**   
**Date Submitted** \_\_\_\_\_    
**HCD Project #** \_\_\_\_\_  
**PO/Contract No** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_  
 (enter month for capital projects and quarter for public services)  
**Report Period:** \_\_\_\_\_  
**Month** February  
**Quarter**  Qtr 1 (July - Sep)  Qtr 2 (Oct - Dec)  
 Qtr 3 (Jan - Mar)  Qtr 4 (Apr - Jun)

**SUBMIT COMPLETED FORM TO** Ted Teyber Sr Housing Program Specialist  
 Phone: 805-568-3513 Email: [teyber@co.santa-barbara.ca.us](mailto:teyber@co.santa-barbara.ca.us)

**I. GRANT BUDGET AND EXPENDITURES**

BUDGET LINE ITEM	ACTIVITY	TOTAL GRANT BUDGET	TOTAL OF PREVIOUS DRAWDOWNS	REQUESTED DRAWDOWN THIS PERIOD	NEW AVAILABLE BALANCE
Cat. 1 Program Delivery Costs	United Way admin & FSA case management sub-contract	\$ 664,424.00			\$ 664,424.00
Cat. 2					\$ -
Cat. 3 ERAP Direct Assistance	rent, utility and relocation assistance	\$ 5,979,817.00			\$ 5,979,817.00
Cat. 4					\$ -
Cat. 5					\$ -
Cat. 6			\$ -		\$ -
Cat. 7			\$ -		\$ -
Cat. 8			\$ -		\$ -
<b>TOTAL</b>		\$ 6,644,241.00	\$ -	\$ -	\$ 6,644,241.00

Check this box if this is the final payment. Any balances will be rescinded and returned to the County.

**Certification:**

I certify to the best of my knowledge and belief that this report is true and complete, and I have reviewed all supporting documentation. Disbursements have been made for the purpose and conditions of this grant and have not been paid by any other source.

**Manager / Fiscal Officer**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Administrator / Executive Director**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Public Service programs: Payment requests are due for each quarter by the **20th** of the month following quarter end.

Capital Projects: Payment requests are due monthly by the **20th** of the month following the reporting month.

*This form has been tailored for the funding year noted in the upper-right corner of this form. Other ESPR forms are obsolete.*

**Detailed Expenditures by Budget Line Item**

Complete the chart in each category as applicable. Do not enter information in the gray-shaded cells.

Budget Category 1: **Program Delivery Costs**


Budget Category 2: **1/0/00**

Description	Inv. #	Inv. Date	Date Pd	Amount	
<b>TOTAL</b>				<i>carried fwd to summary page</i>	<b>0.00</b>

Submit copies of invoices or receipts and proof of payment (cancelled checks or copies of bank statements)

Budget Category 3: **ERAP Direct Assistance**

Description	Inv. #	Inv. Date	Date Pd	Amount	
<b>TOTAL</b>				<i>carried fwd to summary page</i>	<b>0.00</b>

Submit copies of invoices or receipts and proof of payment (cancelled checks or copies of bank statements)

## SALARIES MUST BE SUPPORTED WITH TIMESHEETS AND PAYROLL REGISTERS OR PAY STUBS

*Do not enter data in gray-shaded cells. Enter information from employees' timesheets and organization's payroll summaries. Include Employee Name, Total Hours, Total Hours spent on Eligible Expense and Gross Pay. The percent of Eligible Expense to total hours will calculate automatically. The Amount to be paid will calculate automatically.*

Employee Name	CDBG Hrs	Total Hrs	% of CDBG hrs	Gross Pay	Grant Amt.
			auto-calculate	0.00	auto-calculate
Sarah Jones	40	80	0.50	1,000.00	500.00
<i>Copy information from your payroll summary</i>				<b>TOTAL</b> <i>carried fwd to summary</i>	<b>500.00</b>

***Timesheets must include the following information:***

Employee Name	Employee Name and Title
Pay Period	The applicable pay period. The period may be for a duration of two weeks, twice a month, once a month, or other period, depending on your organization's payroll period.
Daily Hours Worked	The number of hours worked each day in the pay period must be allocated by funding source.
Total Hours Worked in the Pay Period	The total number of hours worked during the pay period must be shown. Transfer only the total hours to be paid by the grant to the Itemized Expenditure tap on the ESPR form.

***Payroll summaries or paycheck stubs must include the following information:***

Employee Name	Employee Name and Title
Check Number	Paycheck Number applicable to Pay Period. If Direct Deposit, show direct deposit transaction number.
Pay Period	The applicable pay period. The period may be for a duration of two weeks, twice a month, once a month, or other period, depending on your organization's payroll period.
Total Hours Worked in Pay Period	Total number of hours worked by the employee during the pay period.
Gross Pay for Pay Period	Total gross amount of pay earned by the employee during Pay Period.
Deductions	All deductions must be clearly identified, including federal, state, local taxes, deductions for employee-paid health benefits and all other deductions.
Net Pay	Gross pay, less deductions, paid to employee.

## **Checklist for Payments Requests**

### **Salaries**

- Timesheets documenting all hours worked by funding source
- Timesheets signed by the employee and his/her supervisor
- Payroll registers or paystubs showing gross pay and deductions for each employee covered
- Invoices, contracts or rate schedules from insurance provider if charges are included in the draw

### **Materials/supplies/services**

- Third-Party Invoices or receipts
- Proof of Payment – copies of cancelled checks or bank statements
- Costs paid by and reimbursed to employees - include proof of payment and reimbursement
- Costs were incurred during the contract period
- Costs are eligible per approved contract budget

### **General**

- Pay request is submitted on County's "Expenditure Summary and Payment Request" (ESPR) form
- Pay request signed by the Executive Director or designee (If designee, submit letter from ED)
- Pay request signed by the Chief Financial Officer or designee (If designee, submit letter from ED)
- Box is checked for final payment, if applicable (Balance will be rescinded and used for other projects)
- Complete Beneficiary Report submitted when due

*Public Services: Due by the 10<sup>th</sup> day following the end of each quarter*