



**TENNESSEE HOUSING DEVELOPMENT AGENCY
EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM**

REIMBURSEMENT REQUEST REQUIREMENTS

In order to receive a reimbursement under the Tennessee Housing Development Agency's ("THDA") Emergency Rental Assistance – Eviction Prevention Program ("ERA-EPP"), a Grant Recipient must adhere to the following requirements:

1. Submit a Reimbursement Request at least once every month, but no more than 5 times a month.
2. Reimbursement Requests must be received by the **20th of the month** following the month any ERA-EPP financial assistance funds or housing stability activities are provided to a household or administrative costs are incurred.
3. Reimbursement Requests must be for at least \$1,000.00, unless the total amount due for reimbursement for financial assistance or housing stability activities provided or administrative costs incurred in the previous month is less than \$1,000.00 or the Reimbursement Request is a final draw request. **State taxes on any goods or services are non-reimbursable.**
4. All Reimbursement Requests must be submitted via [EDT Server Login \(thda.org\)](https://thda.org/EDTServerLogin) and include:
 - A Reimbursement Request Form with 2 Authorized Signatures that match the Authorized Signature Form submitted to THDA;
 - An Expense Detail Form (Excel) with all line items entered accurately;
 - THDA Determination of Eligibility Form for each household, even if the household did not receive financial assistance or housing stability services. These forms should be combined into two PDFs, one PDF of the forms for households that received assistance or services and one PDF of the forms for households that did not receive assistance or services.
 - Completed as fillable pdf if possible
 - Must be legible
 - Must be in same order as listed in Expense Detail Form
 - Combined into one PDF for those who received services and combine separate PDF for households who did not receive services
 - Additional documentation may be requested at THDA's discretion.

**ADDITIONAL REQUIREMENTS FOR REIMBURSEMENT REQUESTS FOR
FINANCIAL ASSISTANCE & HOUSING STABILITY**

1. Proof of Payment from Grantee to Household, Landlord, Utility or Service Provider, etc. (copy of check, receipt, or other documentation that evidences the date of payment, the payee, and the amount).

**ADDITIONAL REQUIREMENTS FOR REIMBURSEMENT REQUESTS FOR
ADMINISTRATIVE COSTS**

1. **Salaries.**
 - Copy of payroll statements/paystubs
 - Include explanation of fringe calculations
 - Please enter the correct “Pay Period Dates” as well as “Paid Date” in Expense Detail Form
2. **Equipment/Supplies.**
 - Copy of the invoice (indicate which portion is to be paid from the ERA-EPP funds)
 - Copy of check, receipt or proof of payment
 - Cannot reimburse for state taxes
3. **Indirect Costs.**
 - Must supply indirect cost allocation plan prior to first reimbursement
4. **Travel.**
 - Proof of reason for travel reimbursement
 - Copy of invoice for hotel/motel and/or receipts for eligible travel expenses
 - Copy of check, receipt, or proof of payment
 - For mileage: include travel log and copy of check
5. **Marketing.**
 - Proof of Marketing for ERA-EPP
 - Copy of the invoice, indicate portion being charged to ERA-EPP
 - Copy of check, receipt, or proof of payment
6. **Direct Overhead Costs (office rent, utilities, insurance, maintenance, etc.).**
 - Percentage breakdown of how costs are allocated between funding sources
 - Copy on invoice
 - Copy of check, receipt, or proof of payment

ADVANCED PAYMENT SUPPORT REQUIREMENTS

Grantees will have three (3) months to expend each advance payment. Failure to expend a minimum of 95% of an advance payment within the 3- month deadline will trigger a repayment of funds and the Grantee will be ineligible for advance payments from this Program for the remainder of the Term. In order to meet support requirements the Grant Recipient must provide documentation as outlined above for in REIMBURSEMENT REQUEST REQUIREMENTS (4), ADDITIONAL REQUIREMENTS FOR REIMBURSEMENT REQUESTS FOR FINANCIAL ASSISTANCE & HOUSING STABILITY (1) and ADDITIONAL REQUIREMENTS FOR REIMBURSEMENT REQUESTS FOR ADMINISTRATIVE COSTS (1-6).