



## How to Prepare and Submit a Draw Request

Draws will be submitted by the 15<sup>th</sup> of the month following the reimbursement month.

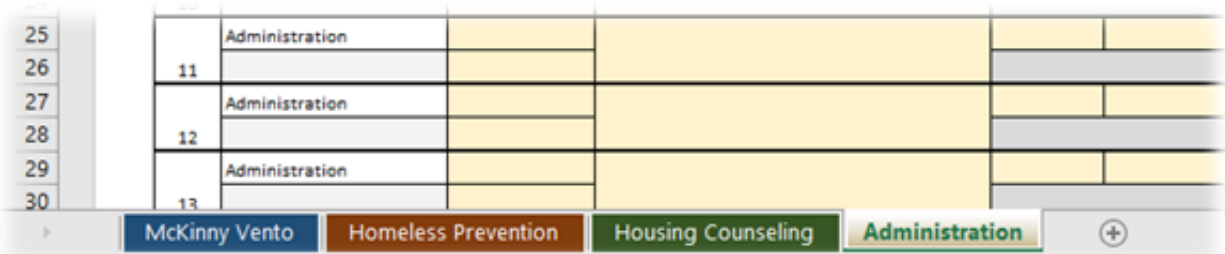
### 1. Documentation Standards

Before you begin, please refer to the HOME-ARP SS Documentation Standards to ensure all reimbursements have proper supporting documentation.

### 2. Expense Detail Form

After documentation is gathered you can begin putting line items into our **Expense Detail Form**.

At the bottom of the form you will see four tabs: McKinney Vento, Homelessness Prevention, Housing Counseling, and Administration.



You will click on the tab for the services in which you are requesting reimbursement.

You will see the activity type at the top of the page.

HOME-ARP SUPPORTIVE SERVICES PROGRAM EXPENSE DETAIL REPORT

**MCKINNEY VENTO SUPPORTIVE SERVICES**

HOME-ARP SS

Date:		HOME-ARP SS Grant #:							
Agency Name:		Reporting Range:							
#	Expense Type	Incurred Date / Pay Period	Payee / Vendor / Retailer	Check Number	Paid Date	Total Amount	HOME-ARP SS % **	Amount Paid by HOME-ARP SS	Detail Description
1							#DIV/0!		
2							#DIV/0!		
3							#DIV/0!		

You will enter the following information for each line item expense:

- Expense Type- For the first line, you must select a category of expenses from the drop-down (Supportive, Financial and Operations). Then, the second line of Expense Type will populate a drop-down for more specific costs to select from. Both drop-down lists must be selected.
- Incurred Date- This is when the cost was incurred. If it is for a pay period, it will differ from the Paid Date. Cost would be incurred (6/1-6/15) with a paid date of 6/30. For supply costs the incurred date would typically match the paid date.
- Payee/ Vendor/ Retailer- This is to whom the payment was made.
- Check Number- Please enter check number or ACH.

- Paid Date- This is the date the payment was made.
- Total Amount- This is the total cost on the invoice.
- Amount Paid by HOME-ARP-SS- This is the amount paid by HOME-ARP SS. This could match the total invoice or be a lesser amount.
- Detail Description- This includes who the payment was made on behalf of or a description of services or supplies purchased.

Date:		HOME-ARP SS Grant #:		Reporting Range:					
Agency Name:									
#	Expense Type	Incurred Date / Pay Period	Payee / Vendor / Retailer	Check Number	Paid Date	Total Amount	HOME-ARP SS % **	Amount Paid by HOME-ARP SS	Detail Description
1	Financial	6/1/2023	Apartment Complex	1234	6/1/2023	\$ 1,000.00	100%	\$ 1,000.00	June rent for client JD
	Rent	6/30/2023							
2	Financial	6/1/2023	Electric Company	1235	6/30/2023	\$ 275.16	100%	\$ 275.16	1 month electric for JD
	Utilities	6/30/2023							
3	Financial	6/1/2023	Apartment Complex	1236	6/1/2023	\$ 2,000.00	100%	\$ 2,000.00	Security Deposit for JD
	Security Deposit								
4	Supportive	6/5/2023	Licensed Attorney	1237	6/5/2023	\$ 300.00	100%	\$ 300.00	Hourly attorney fees for clients JS, CC, BB
	Legal								
5	Supportive	6/1/2023	Licensed Daycare Center	1238	6/3/2023	\$ 800.00	100%	\$ 800.00	1 month child care for client JD
	Child Care	6/30/2023							
6	Supportive	6/5/2023	Grocery Store	1239	6/5/2023	\$ 255.90	100%	\$ 255.90	Groceries for JD family
	Food								
7	Operations	6/1/2023	Case Manager	1240	6/30/2023	\$ 1,000.00	50%	\$ 500.00	Salary for case manager
	Salaries	6/15/2023							
8	Operations	6/1/2023	Office Supply Store	1241	6/1/2023	\$ 1,500.00	100%	\$ 1,500.00	Laptop and supplies for case manager
	Equipment								
	Operations	6/1/2023	Property Owner	1242	6/1/2023	\$ 5,000.00	50%	\$ 2,500.00	June rent for office space for direct services staff

Please ensure the supporting documentation is in one PDF and is in the same order as the Expense Detail Form.

After all items are entered you will see a total at the bottom of the form.

Page Total	\$	9,131.06
GRAND TOTAL (all pages)	\$	9,131.06
<b>** Formula will autopopulate</b>		

### 3. Request for Payment Form

Now that you have the Expense Detail Form complete and you know the total for each activity, you are able to fill out the **Request for Payment Form**.

#### A. GENERAL INFORMATION

Grantee Name:		Invoice Month & Year:	
Request Number:	Contract Number:		
Contact Person:	Telephone Number:		

This section will stay the same throughout the grant year with the exception of the invoice month & year and the request number.

#### B. TOTAL ACTIVITY COSTS

ACTIVITY	REIMBURSEMENT REQUEST AMOUNT
McKinney Vento Supportive Services	\$
Homelessness Prevention Supportive Services	\$
Housing Counseling Services	\$
Administrative Costs	\$
<b>Total this Request</b>	\$

You will use the totals from your Expense Detail Form to complete this section for each activity and the total request amount.

#### C. CERTIFICATION

I hereby state that I have included and attached all required documentation to support this request. I have satisfied all related terms and conditions of the above cited contract. I also state that the data reported above is correct.	
Date:	Signature:
Date:	Signature:

After the Expense Detail Form is complete, review for eligible expenses and accurate dates and amounts. Then, two Authorized Signatories will sign certifying that all information included is accurate and eligible to the best of their knowledge.

#### 4. Uploading Draw to THDA

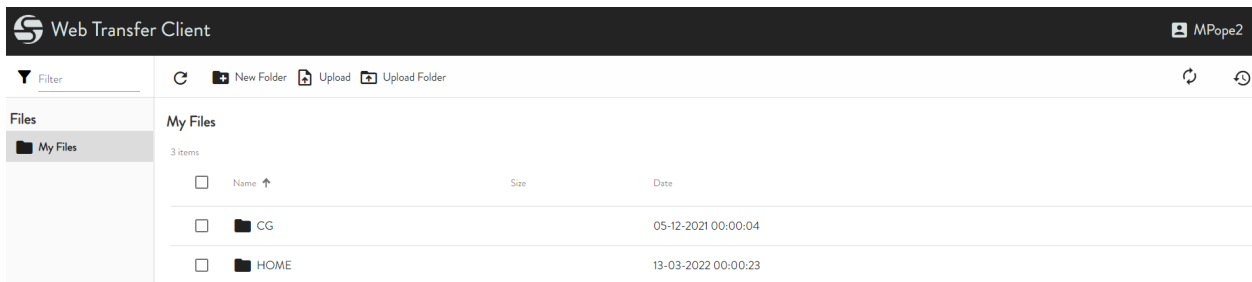
Your Reimbursement Request will need to contain 3 uploads in the following order:

1. Request for Payment Form
2. Expense Detail Form
3. Supporting Documentation (all supporting documents should be combined in one PDF)

To upload a draw to THDA you will need to access your EDT account. If you do not have EDT access, please contact [ESG@thda.org](mailto:ESG@thda.org) to receive login information.

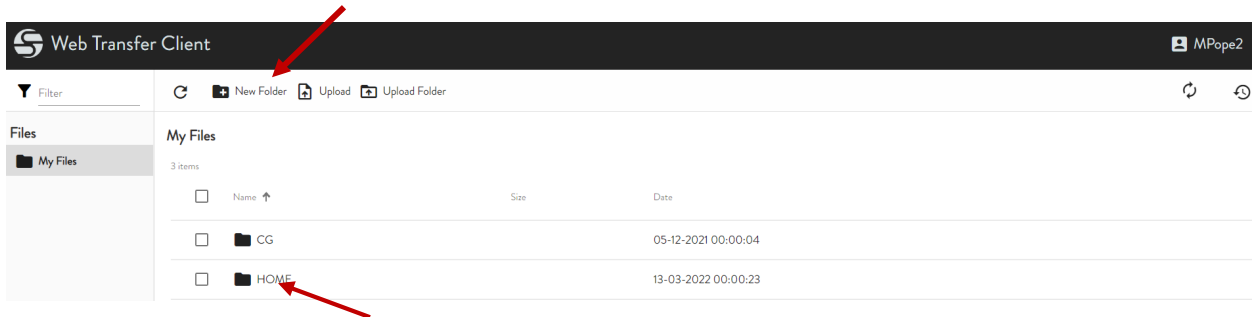
You will follow this link to Login to the EDT site: <https://edt.thda.org/Web/Account/Login.htm>

When you log in, you will come to this screen:

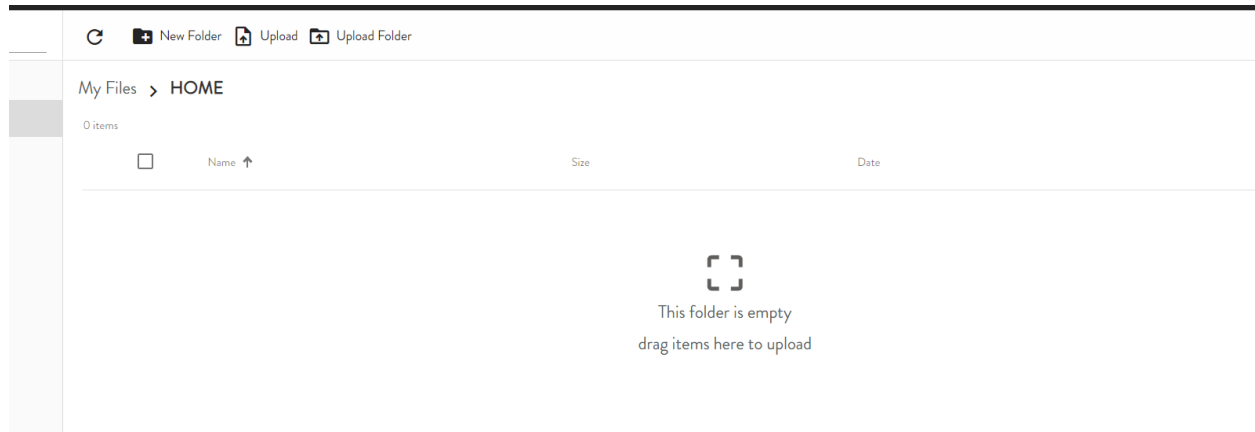


If you have not already, you will need to set up a folder for HOME-ARPS.

To set up a folder, click New Folder and type in the name of your folder "HOME-ARPS".



To upload your documents you will click on the folder. Not the small box in front of it.



Your folder will open and you are ready to upload.

At this point you can simply drag and drop files into this folder or you can click on Upload and your file explorer will open up. Search for your files, select them, and click open.

Your file will show up in your folder.

#### **5. Notify THDA of Draw Submission**

As soon as a draw is uploaded to EDT, the grantee should send an email to [ESG@thda.org](mailto:ESG@thda.org) to inform the Homelessness Programs team of a draw upload.

The email should include Grantee Name, Draw Number and Draw Amount.

Grantee will receive email confirmation from the ESG team that the draw was received.

After the draw is received, please allow up to 30 days for draw to be processed and deposited in your account.

#### **6. Ineligible Expense, Error or Mistake in Draw Submission**

When there is an ineligible expense or error in the draw the THDA reviewer will notify the grantee by email for the grantee to fix and resubmit draw to EDT.

The draw will be held for 5 business days for corrections. If the grantee does not make corrections within 5 business days, the draw will be deleted from the THDA server and the grantee will be responsible for re-submitting the draw to EDT.