



HOME-ARP Supportive Services Program Draw Request Documentation Standards

Important:

- **Ensure all information entered matches supporting documentation.**
- **Ensure all documentation in PDF is in the same order as the line items on the Expense Detail Form.**
- **All uploads to EDT include, Request for Payment Form with 2 original Authorized Signatories, Expense Detail Form and Supporting Documentation.**
- **Ensure Draws are submitted on a monthly basis, at minimum, by the 15th of the month following the reimbursement month.**
- **Draw request minimum \$1,000, unless final draw.**
- **Maximum of 5 Draws submitted per month.**
- **Please combine documentation into one PDF.**
- **Additional documentation may be requested at the reviewer's discretion.**

McKinny Vento Supportive Services & Homeless Prevention

- **Salaries**
 - Copy of timesheet with the **first draw** (If a new employee starts after the first request is submitted, please submit a timesheet for the new employee along with the first draw for which their salary is included)
 - 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
- **Equipment/Supplies**
 - Copy of the invoice (indicate which portion is to be paid from the ESG funds)
 - Copy of Check or proof of payment
 - **Cannot reimburse for state taxes**
- **Rent**
 - Copy of Check
 - If client is in arrears, submit invoice and proof of payment
 - Please list each client separately.
 - If your organization is a domestic violence agency, you do not have to list the client's name or payee/vendor if it will compromise the client, however, all other detail data fields must be completed.

- **Utility Deposits**
 - Copy of receipt
 - Address is provided and it matches lease
- **Utility Payments**
 - Copy of the invoice
 - Copy of Check or proof of payment
- **Moving costs**
 - Submit a copy of the invoice and proof of payment for truck rental or moving company
 - Submit a copy of invoice and proof of payment for storage, **cannot be storage arrears**
- **Rental Applications**
 - Copy of invoice and receipt
 - If Application fee is >\$50, include an explanation why from case manager
- **Security Deposits**
 - Copy of Invoice. Copy of lease can replace invoice.
 - Copy of Check or proof of payment
 - Please list each client separately.
 - If your organization is a domestic violence agency, you do not have to list the client's name or payee/vendor if it will compromise the client, but you will need to complete the other fields.
- **Legal Assistance**
 - Proof that legal is being used for one of the eligible subject matters which prohibits stable housing
 - Invoice and proof of payment
 - Cannot be used for legal retainer
- **Food**
 - Copy of the receipt
 - **HOME-ARP SS does not reimburse for taxes**
 - Food gift cards not an allowable expense unless receipt of the gift card is provided showing the gift card was used for food
- **Life Skills Training**
 - Copy of invoice for class and/or supplies
 - Proof of payment
- **Mental Health Services**
 - Licensure of Mental Health Professional, Invoice and Proof of Payment
 - For prescriptions, copy of receipt
- **Outpatient Health Services**
 - Proof of payment
 - Copy of receipt of prescriptions and/or treatments
- **Childcare**
 - Copy of invoice
 - Copy of Check or Proof of payment
 - Licensure of child care facility
 - Each line of the expense details must be entered in Expense Detail Form for every client receiving financial

assistance.

- Please list each client separately.
- If your organization is a domestic violence agency, you do not have to list the client's name or payee/vendor if it will compromise the client, but you will need to complete the other fields.

- **Education Services**

- Copy of invoice & proof of payment
- Certificate of Accreditation from third-party source of education services being provided
- When third-party source documentation cannot be obtained, written observation from intake worker will take place

- **Employment Assistance & Job Training**

- Copy of invoice & proof of payment for supplies and/or classes

- **Outreach Services**

- Proof of purchase for emergency items
- Submit payment of costs for publicizing the availability of the housing and/or services provided within the grantee's geographic area.
- Invoice and proof of payment for crisis services used

- **Transportation for Service and Outreach Workers**

- For Mileage Reimbursement: Mileage log, Proof of payment and/or check made to worker
- For Program Vehicles with intent of serving participants:
 - **THDA is not allowing vehicle purchases**
 - Copy of the gas receipt(s) must be included for gas reimbursement
 - Copy of car insurance bill and proof of payment
 - Copy of invoice and proof of payment for vehicle maintenance

- **Transportation for Program Participants**

- **Grantees must establish P&P surrounding payments for the cost of gas, insurance, taxes, one-time assistance on car repairs and maintenance under Transportation for Program Participants. Requirements outlined in HOME-ARP Grantee Workshop.**
- Invoice and Proof of payment for public transportation
- Where public transportation is not feasible:
 - Copy of car insurance bill and proof of payment
 - Copy of invoice and proof of payment for vehicle maintenance and/or car repair
 - **Gas cards & participant gas is not an eligible expense**

- **Cell Phone Bills for Outreach Workers**

- Invoice of bill
- Proof of Payment
- Breakdown of cost for each employee

- **Substance Abuse Treatment Services**

- Invoice and proof of payment outpatient services
- Invoice and proof of payment for group & individual counseling
- Invoice and proof of payment for drug testing
- Licensure of medical professional, if necessary

- **Mediation Services**

- Invoice and proof of payment

- **Credit Repair**
 - Invoice or proof of payment

Housing Counseling Services

- **Housing Counseling Services**
 - Proof that Housing Counseling Agency is HUD-approved
 - Copy of invoice and receipt for services provided

Administration

- **Data Entry**
 - Copy of invoice
 - Copy of check
 - Follow salary and equipment directions as needed
- **Salaries**
 - Copy of timesheet with the **first draw** (If a new employee starts after the first request is submitted, please submit a timesheet for the new employee along with the first draw for which their salary is included)
 - Copy of payroll statements/paystubs, indicate amount being charged to HOME-ARP SS if not full amount
 - Include explanation of fringe calculations
 - Please enter the correct "Pay Period Dates" as well as "Paid Date" in GMS
- **Third-Party Administrative Services**
 - Invoice and proof of payment
- **Equipment/Supplies**
 - Copy of the invoice, indicate which portion is to be paid from HOME-ARP SS funds
 - Copy of Check
 - **Cannot reimburse for state taxes**
- **Maintenance**
 - Invoice of service, indicate portion being charged to HOME-ARP SS
 - Proof of payment
- **Rent for Building**
 - Lease agreement on first draw asking for rental assistance
 - Copy of Check or Proof of Payment, indicate portion being charged to HOME-ARP SS
- **Utility Payments for Building**
 - Copy of the invoice, indicate portion being charged to HOME-ARP SS
 - Copy of Check or proof of payment
- **Insurance**
 - Copy of the invoice
 - Copy of Check or proof of payment
 - Include methodology of cost allocated to HOME-ARP SS