

Directions For Completing The Quarterly Reports

All Forms

- Agency Enter the name of organization as it is named on the grant agreement contract i.e.: Homeless Shelter, Inc., Do not substitute your program name for the subrecipient organization name.
- Grant # Enter the grant number for the current fiscal year found on the grant agreement contract. Do not use grant numbers from previous years.
- Quarter # Enter the number of the quarter (1,2,3,or 4) that is being reported. The reporting quarters and report due dates are found on the grant agreement contract. These dates are as follows:

	Report Period	Due Date
Quarter 1	July 1-September 30	October 15
Quarter 2	October 1-December 31	January 15
Quarter 3	January 1-March 31	April 15
Quarter 4	April 1-June 30	July 15

- **Do not attach printouts or other documents as replacements for these forms.** Use only the Quarterly report forms or contact your grant administrator to discuss other options.
- An authorized person must sign all forms requiring signatures.
- **Only include forms that are relevant to your report for that quarter.** For example, if you are not reporting any match during this report, then do not attach a blank match report form.
- Until you have closed out the grant, you must report every quarter, regardless of whether you spent grant funds or not. A "zero activity report", showing no expenditures for that quarter, must be submitted.
- You must submit the *Quarterly Financial Report* each quarter according to the above schedule **or** until line (E) on the Financial Summary, becomes zero (0) for all categories.

Quarterly Request for Disbursement

This form serves as your request for reimbursement of eligible expenses for the quarter. Attach all invoices, copy of checks or other verification to substantiate expenditures.

- Have the organization's Executive Officer or designee sign the report to verify the accuracy of the contents. Include signature, phone number and e-mail.
- Make a copy of any report that you submit to OHCD for your files.

The Financial Summary Form

This form serves as a summary of all expense activity cumulatively and during the report quarters. Here is how to do it:

Make copies of all blank forms for your use through the fiscal year. Use this reporting forms for the Fiscal Year and Grant indicated only.

Do not use this form to report expenditures for any other grant or for any other fiscal year.

- The categories listed in columns 2, 3, 4, & 5 correspond to those on your grant Budget.
- For line:
 - A. Since you cannot have expenses before the first quarter, leave line (A) blank for the first quarter. After the first quarter, line (A) is the cumulative expenditure of grant funds from the preceding quarters (not including the one you are reporting for).
 - B. Line (B) is the expenditure of grant funds for the quarter that is being reported.
 - C. Line (C) is the total grant expenditure for the year [line (A) plus line (B)].
 - D. This is the amount from your approved grant budget for each category on line (D).
 - E. To calculate this amount, subtract line (C), expenses, from line (D), budget. If changes to your budget move grant funds from one category to another, you must reflect that change on line (D) in all subsequent reports. You should write or type "Revised" on any revised reporting forms.
- Have the organization's Executive Officer sign the report to verify the accuracy of the contents.
- If someone other than the Executive Officer completes the financial reporting forms, include that signature, phone number and e-mail.
- Make a copy of any report that you submit to OHCD for your files.

The Summary of Expenditures Form

- In the grid spaces, enter the date, the check number, the name of the vendor to whom each check was written and the dollar amount of the check/expenditure in the column **under the appropriate budgeted category**.
- Eligible expenditures are only those, which have been approved on your budget by OHCD, and those that were incurred within the grant year period. If utilities

are an approved item on your budget, for example, you may list a payment for an electric bill as long as the electricity was used between the grant period.

- Pro rata or "split" expenses that result from **cost allocation** or **indirect cost plans** should be documented on your original documentation. The Quarterly Report should show the exact amount of expense allocated to the grant. It is understood that this amount may differ from the actual amount of the check # listed, but your documentation should reflect the indirect allocation.
- Originals or copies of all invoices paid with grant funds and checks must be retained for review by OHCD staff during monitoring/site visits. Make a copy of any report that you submit to OHCD for your files.
- **Do not attach computer printouts from your accounting software as a replacement for this form.**

The Match Expenditures-Cash Contributions Form

You must be able to document all match. This includes, but is not limited to, documentation of the value and source of in-kind contributions, volunteer activities log, and other supporting documentation. In-kind match that is not adequately documented will not be approved. All cash match must have been used specifically for the grant-funded program.

- In the grid spaces, enter the name of the source of the matching cash contribution, the expenditure category that the contribution was used to pay, i.e. Operations, Administration (non-staff), Staff, Equipment/ Furnishings, and the dollar amount.
- Retain records for the receipt and the expenditure of these matching cash contributions for review by OHCD staff during monitoring/site visits.
- Make a copy of any report that you submit to OHCD for your files.

The Match Expenditures-In-Kind Contributions Form

- To report in-kind contributions, enter the type of donation (clothing, furniture), the dollar value of the contribution, and the source of the donation, (Department store, individual).
- To report volunteer hours worked, enter the number of volunteers who worked for the report period, the number of hours that the volunteers worked at the grant funded facility, and the calculated dollar amount at \$5.00 per hour.
- Records for the receipt of in-kind donations and volunteer hours worked must be retained for review by OHCD staff during monitoring/site visits.
- Make a copy of any report that you submit to OHCD for your files.

Financial Summary Form

Agency: _____

Grant # _____ Quarter # _____

	Operations	Administration (Local Government Only)	Staff	Equipment/ Furnishings	Totals	Match Amounts
(A) Previously Reported ESG Expenditures						
(B) ESG Expenditures This Quarter						
(C) Total ESG Expenditures This Year (A + B)						
(D) Total ESG Amount Budgeted						
(E) ESG Grant Balance (D minus C)						

Signature of Authorized Representative

Print or Type Name and Title

Signature of Person Completing Form

Phone#: _____

E-Mail: _____

Summary of Expenditures Form

Agency: _____

Grant #- _____

Quarter # _____

Date	Check #	Written To	Enter Amount of Check Under Category of Expenditure			
			Operations	Administration non-staff	Staff	Equipment/ Furnishings
SUB-TOTAL						
GRAND TOTAL						

Attach Additional Forms if Necessary

Match Expenditures In-Kind Contributions

Agency:		
Grant #:		Quarter #
IN-KIND CONTRIBUTIONS		
Type *	\$ Value	Source
SUB-TOTAL		
GRAND		

* Type is the kind of donation. Examples are furniture, clothing, and food.

VOLUNTEER TIME		
<i>(must be contributed to the funded program)</i>		
# of Volunteers	# Hours	Dollar Value (@ \$5 per hour)
<p>MAKE SURE YOU CAN DOCUMENT ALL VOLUNTEER HOURS</p> <p>Attach additional pages if necessary</p>		

Quarterly Request For Disbursement Emergency Shelter Grant (ESG)

On behalf of _____
(*enter name of SUBRECIPIENT*) I hereby request Emergency Shelter Grant funds in the amount of \$_____ to conduct the approved activities set forth in the Application and Grant Agreement under this program between the SUBRECIPIENT and the Prince William County Office of Housing and Community Development (OHCD). **Attach verification of expenditures** by providing copies of invoices, checks or other documentation to substantial reimbursement request.

Grant funds received will be matched from other sources and documentation of this will be made available to OHCD as required.

Request # _____ Grant # _____

Project Name: _____

Send payment to:

Subrecipient Name: _____

Subrecipient Address: _____

Phone # : _____ E-Mail: _____

Signature of Authorized Representative Date

Print or Type Name and Title

FOR OHCD USE ONLY	IDIS # _____
Amount of Request: \$ _____	Balance of Award: \$ _____
Approved by Program Administrator: _____	Date: _____
OCA: _____	Sub-Object Code: _____
Approved by OHCD Director: _____	Date: _____
Comments:	

Emergency Shelter Grant (ESG) Demographic Data Report Instructions

The *Demographic Data Report* **must be submitted quarterly**. The Office of Housing and Community Development must receive report and disbursement request quarterly (October 15th, January 15th, April 15th and July 15th).

- **ELECTRONICALLY SUBMIT** this report can be submitted via E-Mail to:
blake@pwcgov.org
- Enter data that reflects client information from the month preceding the month the report is submitted.
- **TANF Eligible Families** - consists of a child living with a custodial parent or other adult caretaker relative with income not to exceed 200% of the federal poverty level. (As published by the United States Department of Health and Human Services.) The most current poverty guidelines are available at www.hhs.gov. Enter "poverty guidelines" in the Search box.
- **NEW Persons**-persons who entered the facility during the reporting quarter.
- **NEW Children/Families** – children/families who entered the program during the reporting quarter.

TOTALS ARE CALCULATED AUTOMATICALLY

- **Begin by entering the Organization Name.**
 - **Type of Shelter (full year emergency shelter, day shelter, winter shelter, domestic violence emergency shelter or transitional housing) and**
 - **Number of Quarter (1, 2, 3 or 4) for which you are reporting. Quarter 1: July-September, Quarter 2: October-December, Quarter 3: January-March, Quarter 4: April-June.**
1. Enter the total number of new households for this quarter as TANF-eligible or All Other Households.
 2. Enter the appropriate number for each sub-category under family composition. Each entry will be either TANF eligible or All Other Households.
 3. Enter the Race for each Head of Household. If the client does not self identify to one of these categories, use your best judgment.
 4. Enter the number of Hispanic Head of Households according to TANF eligibility under "Yes". All others would be "NO."
 5. Enter Number of New Persons by Male and Female according to the Household's TANF-eligibility.
 6. Enter Number of New Persons by Age category according to the Household's TANF-eligibility.
 7. Enter number of New Persons who are Veterans according to TANF-eligibility.
 8. Enter Number of New Households applying for benefits through DSS 30-60 **days prior to entering the shelter** as "Yes". All others are "No".
 9. Enter Source of Referrals for all New Households. Each entry will be either TANF-Eligible or All Other Households.
 10. Enter the Sources of Income for all New Households. Be sure to check all sources that apply.

11. Enter the Reason for Homelessness for each NEW household. Chronic homeless are defined as “An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the last three (3) years.”
12. Enter the total number of bed nights provided during the reporting period by Adult and Children.
13. Enter the Number of Persons Turned Away under the appropriate reason.
14. Enter the Housing Placement at Discharge select the appropriate placement under the subcategory Temporary or Permanent and according to the Household's TANF eligibility.

Emergency Shelter Grant Quarterly Demographic

Organization: _____
 Type of Shelter: _____
 Quarter Covered in this Report: _____ Enter 1, 2, 3,4

	TANF-Eligible Households	All Other Households	Total
1. Total New Households this quarter* (Households can consist of one person. Each unaccompanied person represents a household and should be included as such.)	0	0	0
2. Type of Households	TANF-Eligible Households	All Other Households	Total
Family Composition			
Unaccompanied Adult Men			0
Unaccompanied Male Youth			0
Unaccompanied Adult Women			0
Unaccompanied Female Youth			0
Single Parent-Male Head of Household			0
Single Parent-Female Head of Household			0
Two-Parent Family			0
Adult Couple Without Children			0
Other			0
Total for Quarter (Should equal totals in #1)	0	0	0
3. Race of Head of Households			Total
White			0
Black/African American			0
Asian			0
American Indian/Alaska Native			0
American Indian/Alaska Native & White			0
Asian & White			0
Black/African American & White			0
American Indian/Alaska Native & Black African American			0
Other/Multi-Racial			0
Total for Quarter (Should equal totals in #1)	0	0	0
4. Hispanic Head of Households			Total
Yes			0
No			0
Total for Quarter (Should equal totals in #1)	0	0	0
5. Number of New Persons			Total
Male			0
Female			0
Total for Quarter (All new persons in all households)	0	0	0
6. Age of New Persons			Total
0-4			0
5-12			0
13-17			0
18-61			0
62 or older			0
Total for Quarter (Should equal total in #5)	0	0	0
			Total
7. New Persons - Veterans			
8. # of New Who Applied for Benefits thru DSS 30-60 days prior to entry	Yes	No	Total
Households (Should equal totals in #1)	0	0	0

	TANF-Eligible Households	All Other Households	Total
9. Source of New Referrals (New Households)			
Department of Social Services			0
Mental Health Agency			0
Police			0
Hospital			0
Emergency Shelter			0
Community Services Agency			0
Family/Friend			0
Faith-based/Church			0
Self-Referral			0
Transitional Housing			0
Total for Quarter (Should equal totals in #1)	0	0	0

10. Source of Income - New Households (Check All that Apply-Indicate source not amount	TANF-Eligible Households	All Other Households	Total
Wages/Salary			0
TANF (Cash Assistance)			0
TANF (Non-cash assistance through Vendors)			0
Child Support			0
Medicare/Medicaid			0
Food Stamps			0
General Relief			0
Social Security			0
Soc. Sec. Disability Income/SSI			0
Unemployment Benefits			0
Other Disability			0
Housing Subsidy			0
Other			0
11. Reason for Homelessness-New Households	TANF-Eligible Households	All Other Households	Total
Eviction			0
Foreclosure			0
Domestic Violence			0
Chronic			0
Other			0
	Adults (18 or older)	Children (up to age 18)	
12. Total Number of Bed Nights-All Persons Served			
13. Number of Persons Turned Away	Persons		
Reason			
Lack of Bed Space			
Mental Illness			
Drug Addiction			
Two-parent Family			
Mental Retardation			
Intoxication			
Physical Handicap			
Other			
Total Turned Away for Quarter	0		
14. Housing Placement at Discharge (Households)	TANF-Eligible Households	All Other Households	Total
Temporary			
Other Homeless Shelters			0
Transitional Housing			0
Family/Friends			0
Subtotal	0	0	0
Permanent			
Supportive Housing			0
Section 8/Housing Choice Vouchers			0
Public Housing			0
Market Rate Rental			0
Other			0
Subtotal	0	0	0
Unknown or not available			0
Total Discharged for Quarter			0

For 1st Quarterly Report all households are considered New

Reports are due October 15th, January 15th, April 15th and July 15th

**Submit ONE report for each type of shelter:
Full-year Emergency Shelter, Day Shelter, Winter Shelter,
Domestic Violence Emergency Shelter, or Transitional
Housing.**