



**Department of  
Homeless Services**

**Human Service Providers  
Fiscal Manual**

**July 2014**

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**TABLE OF CONTENTS**

**I. INTRODUCTION ..... 4**

**II. BUDGET PROCEDURES ..... 5**

1. Annual Contract Budget Reviews..... 5

    1.1 Submitting Annual Contract Budget Reviews in Accelerator..... 6-34

    1.2 Advances ..... 35-36

2. Contract Budget Modifications ..... 37

    Justification and Required Attachments ..... 37-38

    Timetable for Submissions ..... 38

    Submitting Budget Modifications in Accelerator ..... 39-44

3. New Needs ..... 45-46

4. Start-Up Funds ..... 47

**III. PAYMENT PROCEDURES ..... 48**

1. Introduction ..... 48

2. Advances ..... 48-50

3. Monthly Invoices ..... 51

    3.1 Expense-Based Contracts..... 51

    3.2 Rate-Based Contracts/CARES Invoice Procedure ..... 51-52

    3.3 Construction Expenses ..... 52

4. Provider Certification of Invoices ..... 52-53

5. Adjusted Payments ..... 53

6. Submitting Invoices in Accelerator ..... 53-67

    6.1 Revising an invoice in Accelerator ..... 67-72

7. Annual Close-Out/Final Payment ..... 72

    7.1 SRO Providers ..... 72

    7.2 Expense-Based Providers..... 72-73

    7.3 Rate-Based Providers ..... 73

    7.4 Accrued Expenses ..... 73

8. Audits ..... 74

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9. Administrative Overhead .....	74
10. Start-Up Funds .....	75
10.1 Tier II Shelters .....	75
10.2 Programs Other Than Tier II Shelters .....	75
<b>IV. LIMITATIONS OF USE OF FUNDS .....</b>	<b>75</b>
<b>V. ATTACHMENTS AND APPENDIXES .....</b>	<b>76</b>
List of Appendices and Attachments.....	76
Appendix I List of Approved DHS Titles.....	77-78
Appendix II Introduction to the Document Vault.....	79
Attachment 1 Fringe Worksheet.....	80
Attachment 2 Debt Service/Start-Up Amortization Worksheet .....	81
Attachment 3 Allocation Methodology Worksheet.....	82
Attachment 4 Justification Worksheet.....	83
Attachment 5 Indirect Cost Overhead Worksheet.....	84
Attachment 6 Contracted Medical Worksheet .....	85
Attachment 7 Audit Fee Methodology Worksheet.....	86
Attachment 8 NYS Insurance Attestation Form .....	87
Attachment 9 Insurance Addendum Worksheet .....	88
Attachment 10 Affirmation of Bank Account Worksheet.....	89
Attachment 11 Bank Authorization Worksheet .....	90
Attachment 12 New Need Request Form.....	91

## **I. INTRODUCTION**

The mission of the Department of Homeless Services (DHS) is to overcome homelessness in New York City. DHS prevents homelessness wherever possible and provides short-term emergency shelter and re-housing support whenever needed. These goals are best achieved through partnerships with those we serve, public agencies, the business and non-profit communities.

The purpose of this manual is to provide DHS Human Services Providers with fiscal and administrative information to assist current service Providers and new Providers in the management of their DHS contracts. This manual provides procedures and forms to be used in order to meet DHS contractual and fiscal requirements. In addition, the budget and payment processes are outlined within the manual. These procedures are continuously reviewed and revised to assure they are responsive to the needs of the DHS Human Services Provider community while upholding the highest financial and internal control standards. The policies and procedures followed by DHS are in compliance with Federal, State, and City regulations.

### **Fiscal Year**

The City fiscal year runs from July 1 - June 30. The budgets reflect costs for this time period.

The Division of Fiscal and Procurement Operations, Budget and Finance offices are responsible for overseeing the establishment and monitoring of all human services budgets and for all payments for services. Funding is derived from several sources, i.e. Temporary Assistance for Needy Families (TANF), Emergency Assistance for Families (EAF), Emergency Solutions Grant (ESG), Community Development Block Grant (CDBG).

## **II. BUDGET PROCEDURES**

### **1. ANNUAL CONTRACT BUDGET REVIEW**

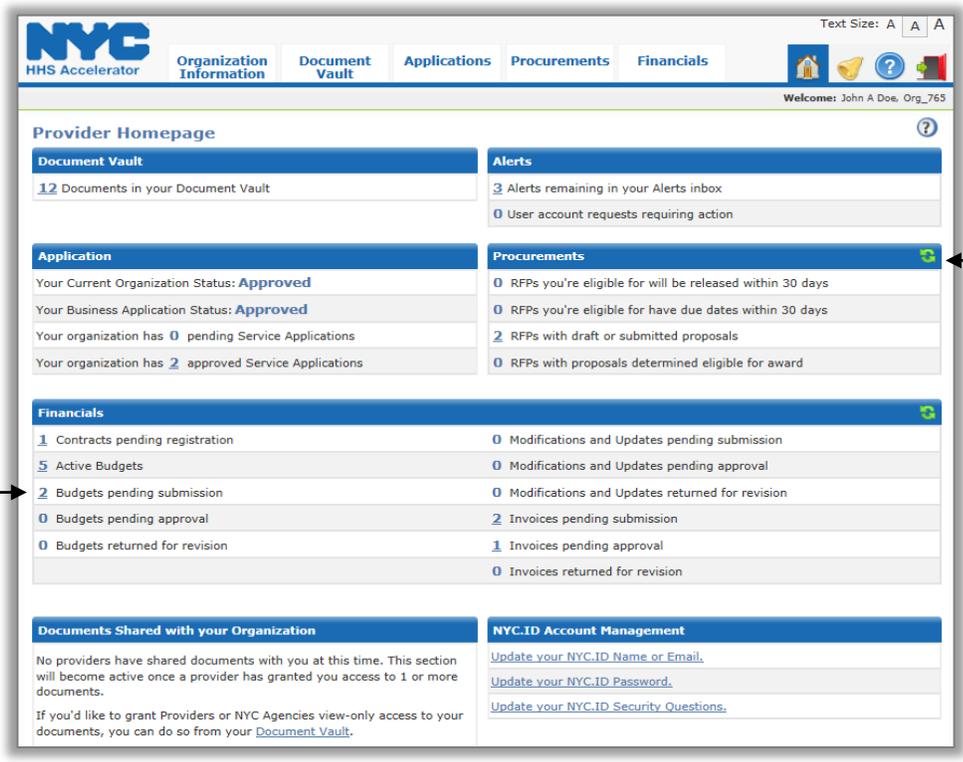
Once a year DHS Human Services Providers are given the opportunity to work with DHS Program Staff and the DHS Office of Budget Staff to prepare a revised contract budget for the following fiscal year. The purpose of the annual contract budget review is to allow Providers to make adjustments to their budgets in order to bring it into alignment with actual expenses on an annual basis, thereby reducing the need for modifications throughout the year and to ensure that both the Provider and DHS are operating with the same formally approved budget. DHS' Office of Budget and the designated program area representatives review the proposed budget and work with each Provider on their budget for the new fiscal year. (Note: separate guidelines exist for Outreach, Homebase and SRO programs.)

The DHS Annual Review forms and Budget Modification form previously available in Excel, are being replaced by the Contract Budget in the HHS Accelerator System as of July 1<sup>st</sup>, 2014. This is the DHS agency-specific guide to the new Annual Contract Budget Review process. For guidance on navigating contracts and budgets in the HHS Accelerator System in general, please refer to the NYC HHS Accelerator Provider Guide 302 – Navigating Contracts and Budget.

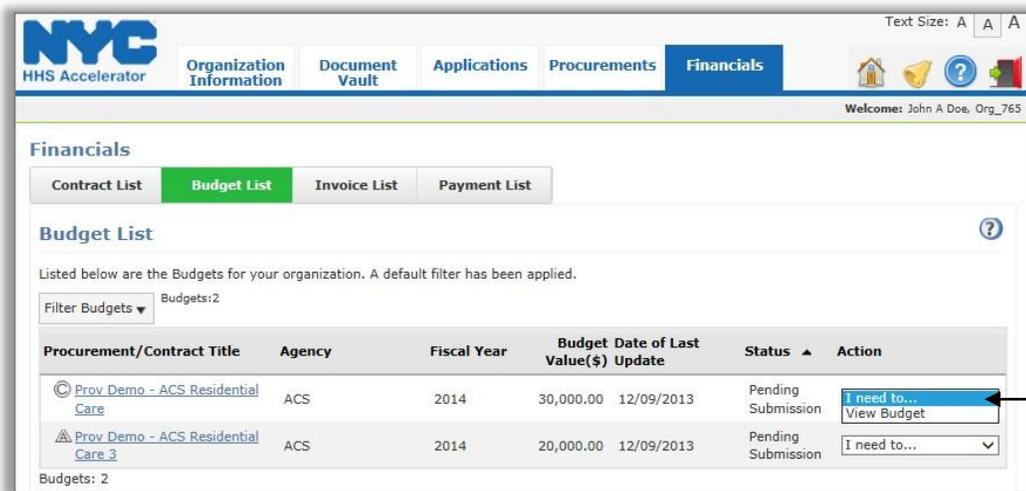
DHS will be using the HHS Accelerator System to configure your contract for the upcoming fiscal year. This contract configuration will replace the current Attachment A form. Once DHS has completed this step in the HHS Accelerator System a Budget Pending Submission task will appear on your Provider Homepage.

### 1.1 Submitting Annual Contract Budget Reviews in Accelerator

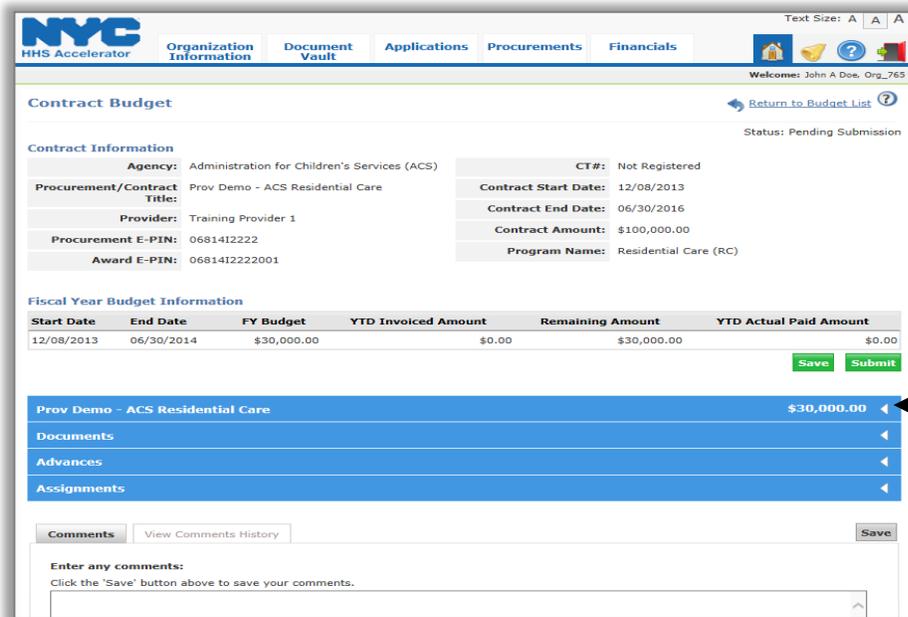
To get started, first click on the **refresh** button located on the right hand side of the Financials box on your Provider Homepage. Next, click on the **number hyperlink** for “budgets pending submission”.



To start a new budget, select **“View Budget”** from the Action drop down menu.



Next, click on the **first blue header underneath the “Fiscal Year Budget Information”**. If your organization has multiple funding streams you will enter information for each funding type separately. This has replaced the former Line Item Budget Form B.



The budget tabs have replaced the categories previously used for the Annual Reviews. Each tab on the budget is accessible and may be completed at any time.

Please note that **not** all tabs will be completed for your organization’s budget. Additionally, a **justification worksheet** (see pg 29 for instructions on completing Attachment 4: Justification Worksheet) is required for any tabs that change by at least **10% or \$5,000 (\$3,000 for SRO Providers)** from your last approved Annual Review.

The first tab listed is the **Budget Summary** tab. This tab summarizes the total of all direct and indirect costs. We will come back to this tab at the end of the process.

To begin entering information, click on the “Personnel Services” tab.

**Fiscal Year Budget Information**

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount
12/08/2013	06/30/2014	\$30,000.00	\$0.00	\$30,000.00	\$0.00

Prov Demo - ACS Residential Care \$30,000.00

**Personnel Services**

Total Salary & Fringe:	\$0.00
Total Salary:	\$0.00
Total Fringe:	\$0.00 (0.00%)
YTD Invoiced Amount:	\$0.00

Salaried Employees	# of FTEs	FY Budget	YTD Invoiced Amount	Remaining Amount
- Salaried Employees Total		\$0.00	\$0.00	\$0.00

Hourly Employees	Hours/Year	FY Budget	YTD Invoiced Amount	Remaining Amount
+ Hourly Employees Total		\$0.00	\$0.00	\$0.00

Seasonal Employees	Hours/Year	FY Budget	YTD Invoiced Amount	Remaining Amount
+ Seasonal Employees Total		\$0.00	\$0.00	\$0.00

Fringe Benefits	FY Budget	YTD Invoiced Amount	Remaining Amount
Fringe Total	\$0.00	\$0.00	\$0.00

**DO NOT ENTER  
INFORMATION IN  
THE HOURLY  
EMPLOYEES or  
SEASONAL  
EMPLOYEES  
FIELDS**

**\*\* DO NOT ENTER INFORMATION INTO THE HOURLY EMPLOYEES and SEASONAL EMPLOYEES BOXES.**

Click on the + symbol next to the Salaried Employees Total row to expand the grid.

Add a new row by clicking “+Add” underneath the Salaried Employees Total field.

**FTE's/Total Salary:**

FTE's: The # of full-time equivalent positions in each title. For example, if the standard work week is 35 hours and the employee works 52 weeks then the FTE's equals 1. However, if the employee works less than the standard work week then the FTE will be less than 1. Salary: Annual salary without fringe. If there is a range of salaries within a title, you may list each employee's actual salary on a different line or list the average salary on one line.

Next, click on the "Salaried Employees" drop down menu.

Select the Title from the drop down that **best corresponds** to the salaried employee that you are adding to the budget. (See **Appendix I** for the list of approved DHS titles) If you have questions regarding a title please contact your Budget Analyst.

Personnel Services		Total Salary & Fringe:	\$0.00
		Total Salary:	\$0.00
		Total Fringe:	\$0.00 (0.00%)
		YTD Invoiced Amount:	\$0.00

Salaried Employees	# of FTEs	FY Budget	YTD Invoiced Amount	Remaining Amount
- Salaried Employees Total		\$0.00	\$0.00	\$0.00
Account Manager				
Accountant (606)				
Accountant/Bookkeeper (703)				
Actor				
Administrative Assistant (612)				
Administrator				
After School Program Director				
Art Specialist/Arts Partner				
+ Assessment/Intake (SED Only) (251)			\$0.00	\$0.00
Assistant Bookkeeper				
Assistant Cook/Meal Preparer				
Assistant Coordinator				
Assistant Corporation Counsel/Senior Counsel				
Assistant Director				
+ Assistant Executive Director (602)			\$0.00	\$0.00
Assistant Manager				
Assistant Mental Hygiene Director (702)				
Assistant Principal (SED Only) (515)				
Assistant Program Director (502)				
Assistant Supervisor				
Assistant Vice President				
Associate Director			\$0.00	\$0.00
Associate Education Analyst				
Associate Medical Director				
Associate VP of Programs				
Attendance Specialist				
Attendant				
Attorney				
Bilingual Specialist				

Providers may combine all individuals in one title and indicate an average salary for the title as long as the actual salaries paid do not exceed the total reported for that title.

Enter the # of full-time employees in this title (# of FTEs) and the annual salary information.

Prov Demo - ACS Residential Care \$30,000.00

Budget Summary **Personnel Services** Operations & Support Utilities Professional Services Rent

Contracted Services Rate Milestone Unallocated Funds Indirect Rate Program Income

**Personnel Services**

Total Salary & Fringe: \$0.00

Total Salary: \$0.00

Total Fringe: \$0.00 (0.00%)

YTD Invoiced Amount: \$0.00

Salaried Employees	# of FTEs	FY Budget	YTD Invoiced Amount	Remaining Amount
- Salaried Employees Total		\$0.00	\$0.00	\$0.00
Associate Director	0.00	12000.00		

Delete Add Edit Save Cancel Page 1 of 0

Hourly Employees	Hours/Year	FY Budget	YTD Invoiced Amount	Remaining Amount
+ Hourly Employees Total		\$0.00	\$0.00	\$0.00

Seasonal Employees	Hours/Year	FY Budget	YTD Invoiced Amount	Remaining Amount
+ Seasonal Employees Total		\$0.00	\$0.00	\$0.00

Fringe Benefits	FY Budget	YTD Invoiced Amount	Remaining Amount
Fringe Total	\$0.00	\$0.00	\$0.00

Edit Save Cancel

Documents

Advances

Assignments

When you have entered information for all of the **FTE**'s, click **"Save"**.

**Fringe**

All Providers must complete and attach the **Fringe Worksheet** (see pg 26 for instructions on completing Attachment 1: Fringe Benefits Worksheet). Fringe benefits up to 26% are allowed without additional justification. For fringe benefits greater than 26% you must include a detailed justification with documentation which must be approved by DHS.

The screenshot shows a software interface for 'Prov Demo - ACS Residential Care' with a total budget of \$30,000.00. The 'Personnel Services' section is active, showing a summary of salary and fringe benefits. Below this, there are tables for Salaried, Hourly, and Seasonal employees, all showing zero budget and invoiced amounts. A 'Fringe Benefits' table is also present, showing zero budget and invoiced amounts. An arrow points to the 'Edit' button in the Fringe Benefits table, and another arrow points to the 'Save' button below it.

Personnel Services		Total Salary & Fringe:	\$0.00
		Total Salary:	\$0.00
		Total Fringe:	\$0.00 (0.00%)
		YTD Invoiced Amount:	\$0.00

Salaried Employees	# of FTEs	FY Budget	YTD Invoiced Amount	Remaining Amount
- Salaried Employees Total		\$0.00	\$0.00	\$0.00
Associate Director	1.00	12000.00		

Hourly Employees	Hours/Year	FY Budget	YTD Invoiced Amount	Remaining Amount
+ Hourly Employees Total		\$0.00	\$0.00	\$0.00

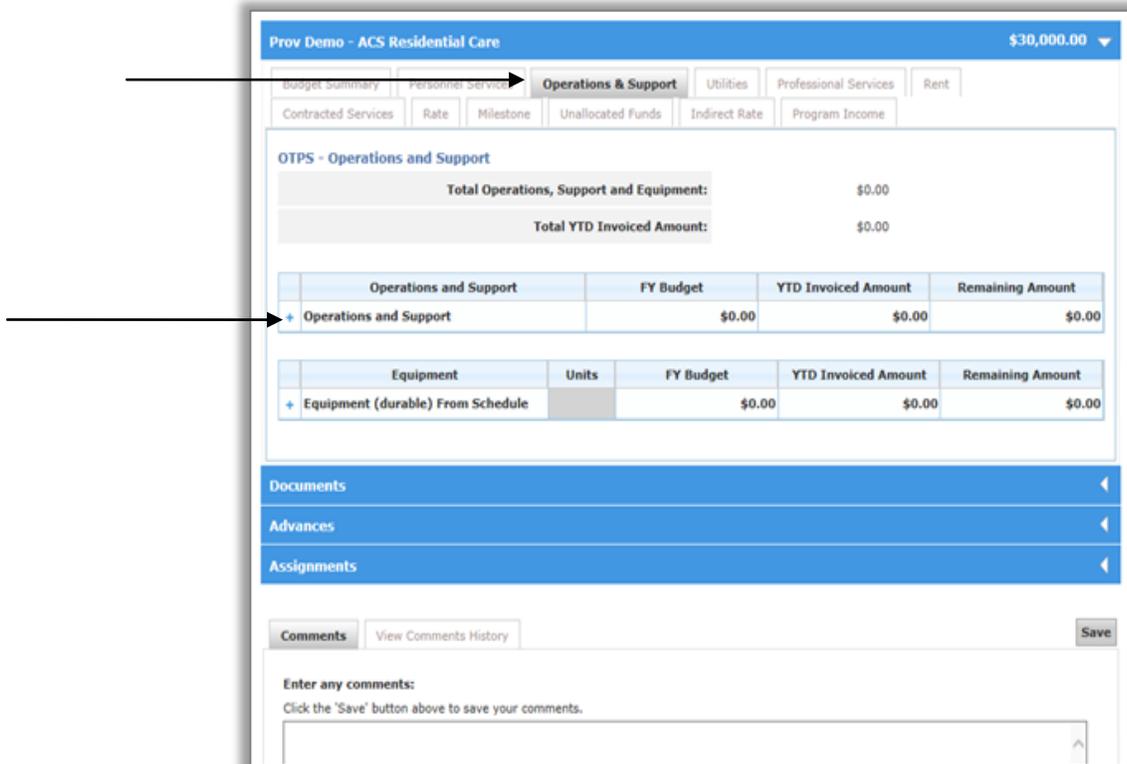
Seasonal Employees	Hours/Year	FY Budget	YTD Invoiced Amount	Remaining Amount
+ Seasonal Employees Total		\$0.00	\$0.00	\$0.00

Fringe Benefits	FY Budget	YTD Invoiced Amount	Remaining Amount
Fringe Total	\$0.00	\$0.00	\$0.00

To input the fringe information click on **“Edit”**. Once you have entered the Fringe Benefits information click **“Save”**.

Next, click on the “Operations & Support” tab.



The Operations & Support tab replaces the OTPS categories from the former Annual Review. Operations & Support and Equipment includes supplies that are not lasting or permanent in nature, such as office, program and/or maintenance supplies.

Click on the “+” symbol next to the Operations and Support Total row to expand the field.

DO NOT ENTER  
INFORMATION IN  
THE RECRUITMENT  
AND ADVERTISING,  
REAL ESTATE TAX,  
BANK CHARGES,  
OR INCENTIVE  
PAYMENTS/BONUS  
FIELDS!

OTPS - Operations and Support

Total Operations, Support and Equipment: \$600.00

Total YTD Invoiced Amount: \$0.00

Operations and Support	FY Budget	YTD Invoiced Amount	Remaining Amount
<b>Operations and Support</b>	<b>\$600.00</b>	<b>\$0.00</b>	<b>\$600.00</b>
Office Supplies	\$400.00	\$0.00	\$400.00
Facilities Repairs & Maintenance	\$0.00	\$0.00	\$0.00
Safety and Health	\$0.00	\$0.00	\$0.00
Waste & Recycling Removal	\$100.00	\$0.00	\$100.00
Staff Transportation	\$0.00	\$0.00	\$0.00
Staff Training	\$0.00	\$0.00	\$0.00
Postage	\$0.00	\$0.00	\$0.00
Recruitment and Advertising (Rent)	\$0.00	\$0.00	\$0.00
Liability, Property, and Other Insurance	\$0.00	\$0.00	\$0.00
Vehicle Insurance	\$0.00	\$0.00	\$0.00
Vehicle Operations and Maintenance	500.00	\$0.00	\$0.00
Real Estate Tax	\$0.00	\$0.00	\$0.00
Bank Charges	\$0.00	\$0.00	\$0.00
Printing	\$0.00	\$0.00	\$0.00
Client Transportation	\$0.00	\$0.00	\$0.00
Client Supplies & Activities	\$0.00	\$0.00	\$0.00
Client Stipends	\$100.00	\$0.00	\$100.00
Incentive Payments/Bonus	\$0.00	\$0.00	\$0.00
Prepared Meals	\$0.00	\$0.00	\$0.00
Raw Food	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00

Save Cancel

**The active fields on this tab are:**

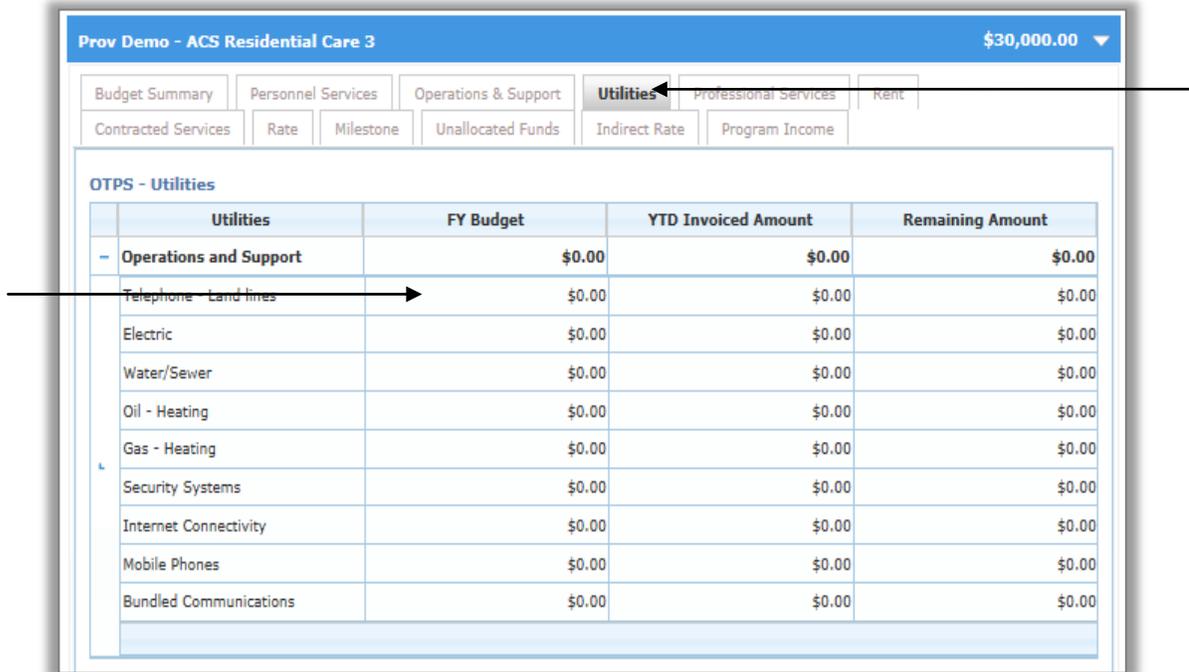
- Office Supplies
- Facilities Repairs & Maintenance
- Safety and Health
- Waste & Recycling Removal
- Staff Transportation
- Staff Training
- Postage
- Liability, Property, and Other Insurance
- Vehicle Insurance
- Vehicle Operations and Maintenance
- Printing
- Client Transportation
- Client Supplies & Activities
- Client Stipends
- Prepared Meals
- Raw Food
- Other

To fill in the amounts for each of the pertinent fields click on the amount, type in the amount and hit the **enter** key to save the amount. Alternatively, you can click on the **save** button on the bottom of the page between fields.

**DO NOT USE THE RECRUITMENT AND ADVERTISING, REAL ESTATE TAX, BANK CHARGES OR INCENTIVE PAYMENTS/BONUS FIELDS IN OPERATIONS & SUPPORT!**

**WHERE APPLICABLE, REAL ESTATE TAX WILL BE ENTERED ON THE RENT TAB.**

Next, click on the “Utilities” tab.



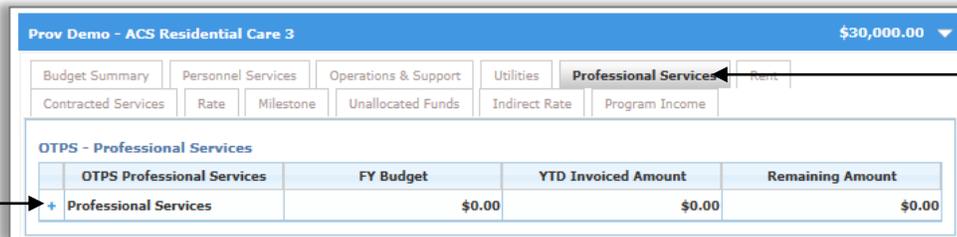
The Utilities tab replaces the OTPS categories from the former Annual Review.

**The active fields on this tab are:**

- Telephones –Land Lines
- Electric
- Water/Sewer
- Oil – Heating
- Gas- Heating
- Security Systems
- Internet Connectivity
- Mobile Phones
- Bundled Communications

To fill in the amounts for each of the pertinent fields click on the amount, type in the amount and hit the **enter** key to save the amount. Alternatively you can click on the **save** button on the bottom of the page between fields.

Next click on the “Professional Services” tab.



**Professional Services** costs are associated with independent entities with professional or technical skills. The Professional Services tab replaces the OTPS categories from the former Annual Review. Here you will enter your costs associated with Information Technology, Legal, Accounting, and A133 Audit Fees.

To start click the “+” symbol next to **Professional Services** to expand the field. You will enter each type of fee on a separate line.

### Audit Fees

DHS will audit all human services programs at least once every three years through contracts with CPA firms. In addition to regular audits, DHS reserves the right to send its own staff or contracted agents at any time to conduct programmatic and fiscal reviews. DHS will not allow Providers to budget for financial statement audits as a direct program cost. These costs may be included in the administrative overhead budget line, as an indirect cost. **Only the A-133 audit of federal funds received through DHS, which is mandated by the federal government can be budgeted for and claimed as a direct program cost.**

This budget procedure should not be interpreted as a directive to decrease any oversight (financial or programmatic) of DHS funded programs that Provider agencies deem necessary to ensure compliance with contractual requirements and applicable rules and regulations.

The Audit line is reserved for the federally mandated audits under Federal OMB Circular A-133. Provider agencies receiving federal funds through their DHS contracts may be subject to this federal audit requirement depending on the total federal expenditures of the Provider agency.

Federal A-133 audits are only required when Provider agencies spend \$500,000 or more a year in federal awards. For the FY 2015 budget, the federal audit requirement is based on actual federal expenditures during FY 2014. Provider agencies that have federal expenditures meeting this threshold are to add an Audit line. If federal funds are received from more than one source (DHS and other government (city, state, and/or federal agencies), documentation must include the methodology utilized to allocate the total audit fee to DHS and the other funding sources. **(see pages 30-31 for instructions on completing Attachment 7: Audit Fee Methodology Worksheet)**. Where applicable, a copy of the most recent A-133 audit **must** be shared from your document vault with DHS in conjunction with the submission of your FY15 annual contract budget review. For instructions on how to share documents from your Document Vault, please see **Appendix II “Introduction to the Document Vault”**.

Next click on the “Rent” tab.

The Rent tab replaces the OTPS categories from the former Annual Review. Rent includes all rent paid by a program for all sites utilized by that program. The **Rent Tab** is where you will record your **Rent and Debt Service Costs**. Where applicable, **Real Estate Taxes will also be recorded in this section**. Please note that Real Estate taxes are not base-lined in the budget.

Click on the “+” symbol next to the Rent row to expand the field.

Locations	Management Company Name	Property Owner	Public School Space	% Charged to Contract	FY Budget	YTD Invoiced Amount	Remaining Amount
+ Rent					\$0.00	\$0.00	\$0.00

Click “+Add” and enter the Rent Information. Click “Save”.

Locations	Management Company Name	Property Owner	Public School Space	% Charged to Contract	FY Budget	YTD Invoiced Amount	Remaining Amount
- Rent					\$10,000.00	\$0.00	\$10,000.00
Brooklyn Center	MGH	Derrick Doe	Yes	33.00%	\$10,000.00	\$0.00	\$10,000.00

Repeat the process to add **Debt Service and Real Estate Tax** information where applicable.

If you are claiming Debt Service costs you must fill out and attach the **Debt Service/Start Up Amortization Worksheet** (see pg 26 for instructions on completing Attachment 2: Debt Service/Start Up Amortization Worksheet).

Next, click on the “Contracted Services” tab.

The Contracted Services tab replaces the OTPS categories from the former Annual Review. **Contracted Services** costs are associated with independent entities with professional or technical skills retained to perform specific tasks or complete projects related to the program that cannot be accomplished by regular staff. Also, independent (usually non-profit) entities retained to perform program services.

You will capture your **Consultants, Medical, Contracted Security, Food Service, Maintenance, and Contracted Temp Services** in this tab.

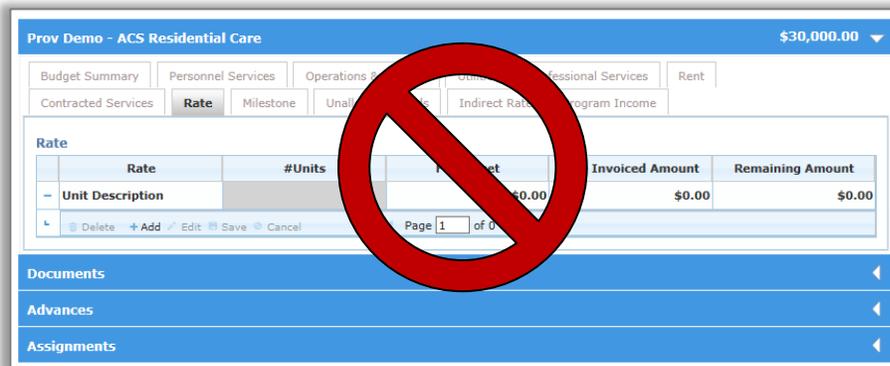
Click on the “+” symbol next to **Consultants**. You will capture your Consultant Costs in this field. Please include the Consultant’s Name and Title in the Consultants box. Include a brief description of services in the Description of Service box. You must **upload and attach the Consultant agreement as well for each claimed expense**. Please see pages 22-25 for directions on how to upload and attach documents.

Click on the **+Add** symbol to add a line for each Consultant. After you have entered the information click “Save”

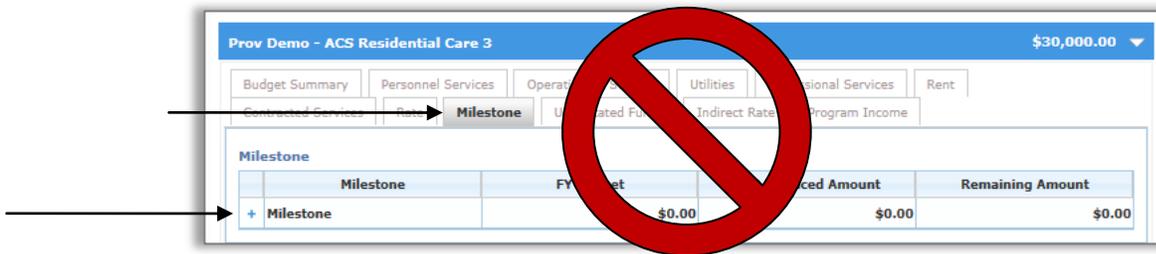
You will follow the same directions for **Sub-Providers, and Vendors**.

If you are claiming **Contracted Medical Costs**, you will need to fill out and attach the **Contract Medical Worksheet** (see pg 30 for instructions on completing Attachment 6: Contracted Medical Worksheet).

The next tab is labeled “Rate”. We will not be utilizing this tab.



The next tab is labeled “Milestone”. We will not be utilizing this tab, except for certain Providers as noted below.



**(HOMEBASE Providers) Milestones** are to be used to record your **Household Assistance** costs. Use one line to record your costs for **single adults**, and a separate line to record your costs for **families with children**.

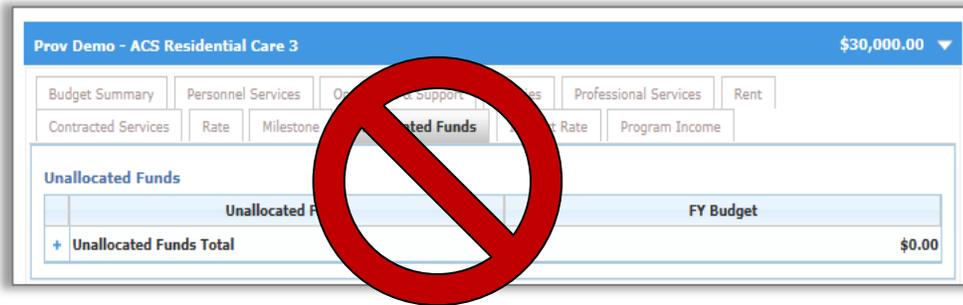
**(OUTREACH Providers) Milestone** costs are typically an achievement set forth in the Request for Proposals.

To add **Milestone** information, click on the “+” symbol next to Milestone to expand the field. Input the information and click “save” when done.

This procedure remains the same. When a Provider has met a milestone, they will submit a budget modification reflecting the amount for the milestone. Once approved, the milestone amount will be reflected in the Annual Budget.

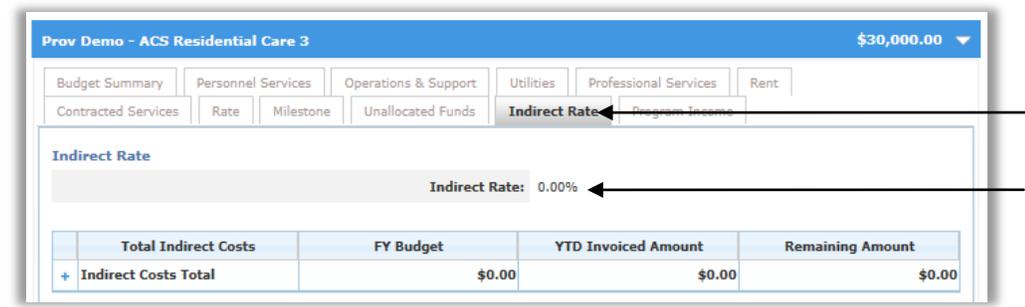
**Please note that Providers should not invoice against Milestones. (Except for Homebase Providers).**

The next tab is labeled “Unallocated Funds”. We will **not** be utilizing this tab.



Click on the “Indirect Rate” tab.

The **Indirect Rate** tab is where you will record your **Administrative Overhead** costs.



**\*\*Please note, the Indirect Rate % that Accelerator generates includes the amounts captured on the Rent Tab. This should be ignored for the DHS Annual Contract Budget Review, as DHS does not include Rent, Debt Service, or where applicable, Real Estate Tax costs when calculating the Administrative Overhead.**

Indicate the dollar amount represented by overhead. The overhead rate may not exceed 8.5% of the total cost, excluding those identified on the Rent Tab (Rent, Real Estate Taxes, and Debt Services).

If you are requesting funding for administrative overhead, you **must** complete and attach the **Indirect Cost Overhead Worksheet** (see pages 29-30 for instructions on completing Attachment 5: Indirect Cost Overhead Worksheet).

All Administrative Overhead percentage charged should be supported by the most current Certified Financial Statement. For the Annual Contract Budget Review only, please share your most current Certified Financial Statement from your document vault with the Agency. For instructions on the document vault please see Appendix II, “Introduction to the Document Vault”.

The last tab is labeled “**Program Income**”.

Program Income is used to list anticipated income the program generates.

All fees and other payments received by the Agency for the provision of DHS services. Revenue shall include, but not be limited to: a) fees for services paid by clients; b) fees for services paid on behalf of clients by other individuals, corporations (including insurance companies), Federal, State and Local governments; and c) other income realized in the operation of the DHS program funded in this Fiscal Year.

To the extent funding realized through other sources, i.e., grants, fund raising activities, is applied to the DHS budget to enhance individual tabs, the aggregate of such enhancements will be indicated as Revenue and offset DHS expenses. During the course of the year, any changes to the revenue enhancements reported in the approved budget would be made through the budget modification process.

Agencies that receive funding from other sources are required to report this funding if it is applied to the DHS line item budget and impacts the Gross Amount. Dollar amounts indicated for Revenue are considered Agency responsibility and not DHS.

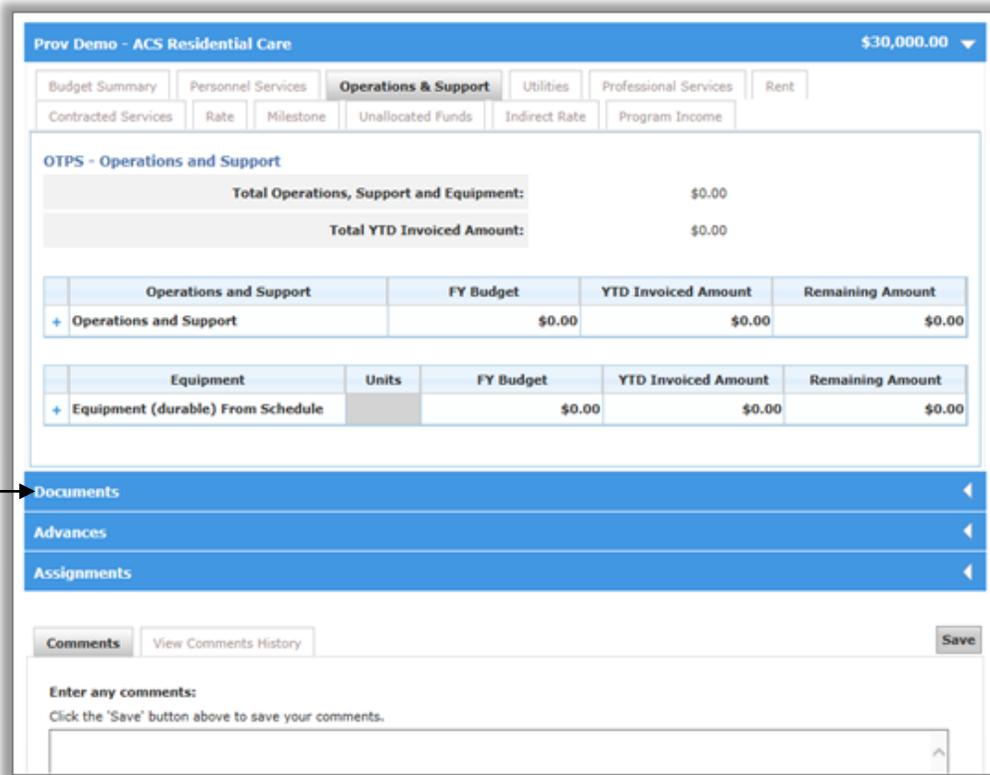
Program Income		FY Budget	Income	Remaining Amount
+ Program Income		\$0.00	\$0.00	\$0.00

**\*\*Note, if your organization has a program supported by another funding source, document your expenses in the Program Income tab and attach a Line Item Budget.** Please see pages 22-25 for instructions on how to upload and attach documents.

Documents

The **Document** header is always available at the bottom of all the budget screens. This is where you will upload all of the corresponding **worksheets** and **required back up documentation**.

To begin, click on the “Documents” header to open the documents widget.



Document Widget

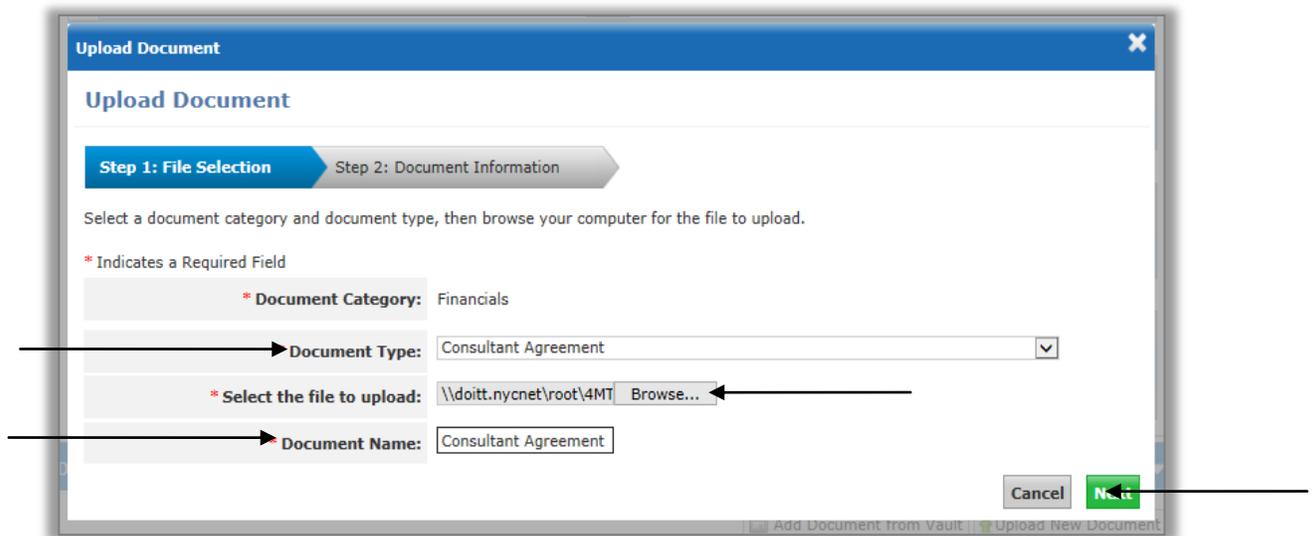


Click on the “Upload New Document”.

Select the “Document Type”.

The pre loaded listed document types are:

- SubProvider Agreement
- Consultant Agreement
- Cost Allocation Plan
- Receipts/Proof of Payment
- Paystubs
- Indirect Rate Justification
- Debt Service Documentation
- Real Estate Tax Document
- Administrative Overhead Documentation
- Documentation of Funding Sources
- Banking Documentation
- Recoupment Justification Documentation
- Fringe Benefits Justification
- Program Income Documentation
- Financial Disclosure Forms
- Direct Deposit/Electronic Funds (EFT) Vendor Payment Enrollment
- Lease or Rental Agreement
- Other
- Provider’s board approved Budget



Click the “**Browse**” button to select the document.

Enter the “**Document Name**”.

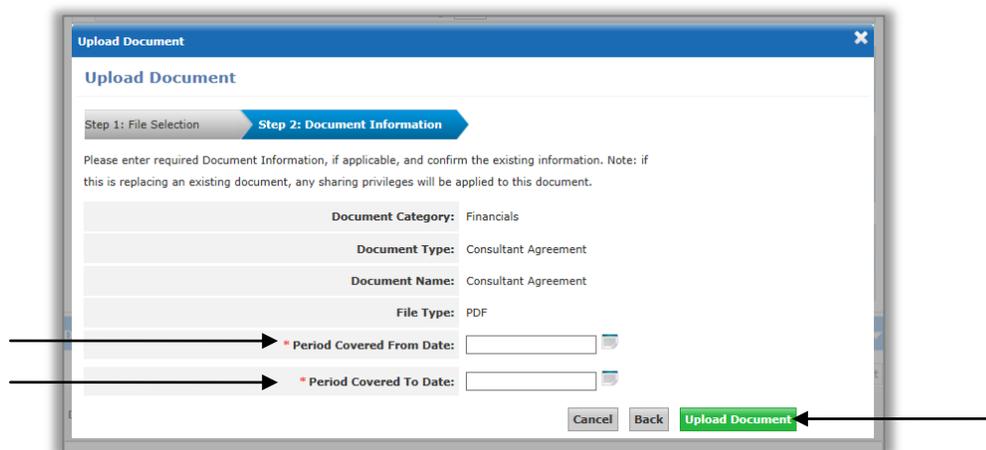
The **worksheets, up-loadable documents** and **corresponding document types**, to be attached are:

<b>Worksheet</b>	<b>Corresponding Document Type</b>
Fringe Worksheet	Fringe Benefits Justification
Debt Service/Start Up Amortization Worksheet	Debt Service Documentation
Allocation Methodology Worksheet	Cost Allocation Plan
Justification Worksheet	Other
Indirect Cost Overhead Worksheet	Administrative Overhead Documentation
Contracted Medical Worksheet	Consultant Agreement
Audit Fee Methodology Worksheet	Other
Insurance Attestation	Other
Insurance Addendum Worksheet	Other
Affirmation of Bank Account	Banking Document
Bank Authorization	Banking Document

<b>Up-loadable Documents</b>	<b>Corresponding Document Type</b>
Insurance Premium Page	Other
Certificate of Liability	Other
Job Description (SRO ONLY)	Other
Letter of Justification (SRO ONLY)	Other

Click **“Next”**.

Enter the **“Period Covered From Date”** and the **“Period Covered To Date”**.



Click “Upload Document”.

A green message bar will appear that the document uploaded successfully.



\*\*Please note that **the Certified Financial Statement** and where applicable, **the A133 Audit** should **NOT** be uploaded as document. These documents should be **shared** with the Agency from your **document vault**. For information on the document vault please see **Appendix II “Introduction to the Document Vault”**.

Repeat the process to attach each document.

---

**INSTRUCTIONS FOR COMPLETING THE REQUIRED WORKSHEETS**

**ATTACHMENT 1: FRINGE BENEFITS WORKSHEET**

This form must be completed for all Providers.

Enter the amount in the Total Amount column. The percent will compute automatically.

If you are utilizing the “other” rows within the document, please specify the type of expense.

Supporting documentation for fringe benefit rates greater than 26% must be provided.

---

**ATTACHMENT 2: DEBT SERVICE / START-UP AMORTIZATION WORKSHEET**

This form clarifies the original debt and length, monthly/yearly payment and balance at the beginning and end of the fiscal year. Provide a written explanation when:

- 1) The yearly payment does not equal the monthly payment multiplied by twelve and/or
- 2) The debt service at the end of the fiscal year does not equal the debt service at the beginning of the fiscal year minus the yearly payment.
- 3) Indicate in the last column whether you are amortizing debt service or start-up costs

---

**ATTACHMENT 3: ALLOCATION METHODOLOGY WORKSHEET**

This form must be completed for all annual budget contract reviews of programs for which DHS budget line-items represent less than 100% of the total program line-item costs. The form must also be completed for all Reports or Budget Modifications when the allocation methodology has changed.

Specify PS and/or OTPS line items charged to DHS' contract at less than 100%. Any FTE that is less than 1 should be included on the worksheet.

Specify the calculation used. The example below demonstrates the calculation of charging 10% rent to DHS.

$$\frac{\text{Program Sq. Ft}}{\text{Total Agency Sq. Ft.}} = \frac{100}{1,000} = 10\%$$

## ALLOCATION METHODOLOGY GUIDELINES

For all costs (PS and OTPS) charged to DHS' contract at less than 100% the Provider must specify an allocation methodology and indicate the method used on **Allocation Methodology Worksheet**. The following list is not meant to cover every possible PS and OTPS cost. In addition, there may be exceptions to the following guidelines, which should be considered on an individual basis. Any PS or OTPS methodology should be reasonable, consistent and auditable.

### PS EXPENSE

#### Allocation of Direct Program Employees

If the person is dividing a full work-week between several programs, a Provider must determine how much to charge the DHS program on the annual contract budget review. There are several ways to allocate the time:

- Timesheet sampling: This method involves analyzing two or three weeks of timesheets once a quarter (four times a year). For the sampling periods, note which hours each day the employee works on which projects. Based on that, assume that throughout the year there is the same ratio of time spent on each project. Conduct one sample when preparing the annual contract budget review, and all four by the close-out. Use weeks that generally reflect how an employee spends his/her time. When using this method, write, "Timesheet sampling" as the allocation methodology.
- Timesheets throughout the year: This is similar to above but involves analyzing each week's timesheet. The allocation methodology is called "Annual Timesheets."

#### Part-Time Employees

A Provider needs to define the cost of an individual who works less than full time at a shelter.

- If the person works part-time because the position is part time, to determine the FTE divide the # of hours worked by the total # of hours in the workweek. Under allocation methodology, state, "Position is part-time, 100% DHS."
- If a person works part-time and allocates his/her time, determine the FTE and then allocate the proportional # of hours as described above (for example, proportional beds). Under allocation methodology, state "Position is part-time, X% FTE, Y% DHS, allocation method." For example, if a facility has a 35 hour work week and an employee works 17.5 hours, the FTE = .5. If this program equals 40% of the agency's costs, a Provider would charge 40% of 17.5, or 7 hours to DHS. Therefore, the FTE on the annual review is 20%, which represents the 7 hours spent on this program of the 35 hour work-week, and the allocation methodology is "Position is part-time, 50% FTE, 20% DHS, proportional costs."

**OTPS EXPENSE**

Below is a list of various OTPS costs, followed by the preferred methodology for allocating these costs. If more than one methodology is listed, they appear in the order of preference. OTPS costs should only be allocated when they cannot be directly attributed to a particular program.

<b><u>OTPS EXPENSE</u></b>	<b><u>PREFERRED ALLOCATION METHODOLOGIES</u></b>
<b>1. Operations &amp; Support</b>	
<ul style="list-style-type: none"> <li>• Office Supplies</li> <li>• Facilities Repairs &amp; Maintenance</li> <li>• Safety and Health</li> <li>• Waste &amp; Recycling Removal</li> </ul>	} # of FTE's/Sq. Footage
<ul style="list-style-type: none"> <li>• Staff Transportation</li> <li>• Staff Training</li> <li>• Recruitment and Advertising</li> </ul>	} # of FTE's
<ul style="list-style-type: none"> <li>• Postage</li> </ul>	# of FTE's/Client's Served
<ul style="list-style-type: none"> <li>• Vehicle Insurance</li> <li>• Vehicle Operations and Maintenance</li> </ul>	} # of FTE's/Client's Served/ # of Vehicles
<ul style="list-style-type: none"> <li>• Printing</li> </ul>	# of FTE's/Client's Served/ # of Instruments
<ul style="list-style-type: none"> <li>• Raw Food</li> </ul>	Clients Served
<b>2. Utilities</b>	
<ul style="list-style-type: none"> <li>• Telephones –Land Lines</li> </ul>	# of FTE's/ # of Instruments/Sq Footage
<ul style="list-style-type: none"> <li>• Electric</li> <li>• Water/Sewer</li> <li>• Oil – Heating</li> <li>• Gas- Heating</li> <li>• Security Systems</li> </ul>	} # of FTE's /Sq. Footage
<ul style="list-style-type: none"> <li>• Internet Connectivity</li> <li>• Mobile Phones</li> <li>• Bundled Communications</li> </ul>	} # of FTE's /Sq. Footage/ # of Instruments

**3. Professional Services**

- Information Technology # of FTE's/ Sq. Footage/ Client's Served / # of Instruments
- Legal # of FTE's/ Sq. Footage/Client's Served
- Accounting # of FTE's / Client's Served
- A133 Audit Fees Award Amount

**4. Rent**

Sq. Footage

**5. Contracted Services**

- Consultants
  - Medical
  - Contracted Security
  - Maintenance
- } # of FTE's / Client's Served/  
Sq. Footage
- Food Service Client's Served
  - Contracted Temp Services # of FTE's/Client's Served/  
Sq. Footage

**ATTACHMENT 4: JUSTIFICATION FOR CHANGES EXCEEDING \$5,000 OR 10% WORKSHEET (\$3,000 or 10% for SRO Providers)**

For each tab(formerly categories) that changed from last fiscal year by more than \$5,000 or 10% (both increase and decrease), enter the tab name, dollar change, percent (%) change, and justification.

**ATTACHMENT 5: INDIRECT COST OVERHEAD WORKSHEET**

This form must be completed for all annual contract budget reviews for which the budget includes agency overhead. For each item, indicate the total salary, FTEs or OTPS amount budgeted by the agency, the percentage charged to the DHS budget, and the dollars represented by that percentage. Note that the maximum allowable overhead chargeable to DHS' contract is 8.5%. The total dollars should be the same as the administrative overhead amount on the **Indirect Rate tab**. Also please note the methodology used to compute the percent to charge to DHS in the explanation section.

**For the annual contract budget review only, please share your most current Certified Financial Statement from your document vault with the Agency. For instructions on the document vault please see Appendix II "Introduction to the Document Vault".**

1. All Providers must submit the most recent Certified Financial Statement, with the Statement of Functional Expenses. For hospital based programs, please also submit the ICR pages that correspond to the step-down cost for administration and clearly identify the appropriate columns.
2. The maximum allowable overhead on DHS' contracts is 8.5%; however, the Agency/Provider is required to support the percentage charged to DHS' budget. The Statement of Functional Expenses and/or the ICR are the standard tests that are used by DHS as follows:

$$\text{Indirect Cost (Management and General Cost) / Total Direct Program Cost} = \% \text{ Costs recorded}$$

The percentage allowed by DHS must not exceed 8.5% of program costs except those identified in the **Rent** tab. If the Statement of Functional Expenses does not support the percentage charged to DHS, the Provider must submit other Supporting documentation for DHS' approval.

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**ATTACHMENT 6: CONTRACTED MEDICAL WORKSHEET**

This form must be completed for shelters with a medical component in their shelter budget. Itemize the medical budget, and include information in the following categories PS, O'TPS, Revenue.

---

**ATTACHMENT 7: AUDIT FEE METHODOLOGY WORKSHEET**

This form should be used by all programs that receive over \$500,000 in Federal Funding from DHS, or who receive a total of \$500,000 or more in Federal Funding of which DHS is a part.

Please list the following for each funding source:

***Grantor / Pass-Through Grantor*** - The name of the agency which directly provides your organization with federal funding.

***Federal Program Title*** - The name of the federal program under which the grant is received. For DHS list each program individually.

***CFDA Number*** - The identifying # of the federal program as listed in the Catalogue of Federal Domestic Assistance.

***Total Federal Award Amount*** - The dollar amount of the federal grant awarded to your organization through the funding source indicated.

***Anticipated Expenditure of Award Amount*** - The total dollar amount of the funds expected to be expended for the fiscal year (actually expended if form is completed at the end of the fiscal year).

Below is an example of an allocation methodology. In this case, the audit fee is prorated based on the funds expended from each source of federal funding.

Scenario: XYZ Non-Profit Services Association spent \$860,500 in federal funds during its fiscal year. Federal awards received were: from DHS \$250,000; HUD \$300,000 and HRA \$310,500. XYZ estimates its CPA auditor to charge \$ 7,000 to conduct the federal A-133 audit. Prorating the audit fee among the three funding sources based on the award levels results in \$2,030 (29%) allocated to DHS, \$2,450 (35%) allocated to HUD and \$2,520 (36%) allocated to HRA.

**\*\*Please share your most current A133 from your Document Vault with the agency. For instructions on the document vault see Appendix II” Introduction to the Document Vault”.**

---

**ATTACHMENT 8: INSURANCE ATTESTATION**

This form must be completed by all Providers; in order to supply additional information and/or documentation requested by the State regarding Insurance policies and costs charged to DHS contracts.

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**ATTACHMENT 9: INSURANCE ADDENDUM WORKSHEET**

This form is to be completed by all Providers in order to supply additional information and/or documentation requested by the State regarding Insurance policies and costs charged to DHS contracts. The amounts should reflect the amounts reported on the **Operation & Support tab for Vehicle Insurance, Liability, Property and other insurance.**

**\*\*Please be sure to attach your Certificate of Liability, as well as your Insurance Premium page.**

---

**ATTACHMENT 10: AFFIRMATION OF BANK ACCOUNT**

This form is to be completed by all Providers each fiscal year. The affirmation is to confirm that the bank account in which payments will be deposited has not changed in the past 12 months. If the account has changed or if the contract is new, the Provider must submit a new **bank authorization (see Attachment 11 : Bank Authorization)**. A separate authorization of affirmation must be submitted for each contract that the Provider has with DHS.

---

**ATTACHMENT 11: BANK AUTHORIZATION**

This form is to be completed by Providers if their bank account information has changed, or if the contract is new.

**Now that all of the worksheets have been filled out and uploaded, it's time to review.**

Click on the “Budget Summary” tab.

**Fiscal Year Budget Information**

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount
12/08/2013	06/30/2014	\$30,000.00	\$0.00	\$30,000.00	\$0.00

Save Submit

**Prov Demo - ACS Residential Care** \$30,000.00

**Budget Summary** Personnel Services Operations & Support Utilities Professional Services Rent  
Contracted Services Rate Milestone Unallocated Funds Indirect Rate Program Income

**Budget Summary** [View Printer Friendly Version](#)

Line Item	FY Budget	YTD Invoiced Amount	Remaining Amount
+ Total City Funded Budget	\$30,000.00	\$0.00	\$30,000.00
<b>Total Program Income</b> (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00
<b>Total Program Budget</b> (City Funded Budget + Program Income)	\$30,000.00	\$0.00	\$30,000.00

**Documents** < < <  
**Advances** < < <  
**Assignments** < < <

**Comments** [View Comments History](#) Save

Enter any comments:  
Click the 'Save' button above to save your comments.

The **Budget Summary** tab displays the overall budget. Here you can review all of the information you have entered for accuracy. A **justification** is required for **any tabs** (formerly categories) **that change by at least 10% or \$5,000(\$3,000 for SRO Programs)**. A budget **cannot** be submitted until it adds up to the total budget amount.

To review additional details about the budget breakdown **click on the “+” symbol** next to the **Total City Funded Budget** row to expand the field.

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount
12/08/2013	06/30/2014	\$30,000.00	\$0.00	\$30,000.00	\$0.00

[Save](#) [Submit](#)

**Prov Demo - ACS Residential Care** \$30,000.00 ▼

[Budget Summary](#) | 
 [Personnel Services](#) | 
 [Operations & Support](#) | 
 [Utilities](#) | 
 [Professional Services](#) | 
 [Rent](#) | 
 [Contracted Services](#) | 
 [Rate](#) | 
 [Milestone](#) | 
 [Unallocated Funds](#) | 
 [Indirect Rate](#) | 
 [Program Income](#)

**Budget Summary** [View Printer Friendly Version](#)

Line Item	FY Budget	YTD Invoiced Amount	Remaining Amount
- Total City Funded Budget	\$30,000.00	\$0.00	\$30,000.00
<b>Total Direct Costs</b>	\$30,000.00	\$0.00	\$30,000.00
+ Total Salary and Fringe	\$12,000.00	\$0.00	\$12,000.00
+ Total OTPS	\$11,100.00	\$0.00	\$11,100.00
Total Rate Based	\$6,900.00	\$0.00	\$6,900.00
Total Milestone Based	\$0.00	\$0.00	\$0.00
Unallocated Funds	\$0.00	\$0.00	\$0.00
<b>Total Indirect Costs</b>			
Indirect Rate 0.00 %			
Total Indirect Costs	\$0.00	\$0.00	\$0.00
<b>Total Program Income</b> (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00
<b>Total Program Budget</b> (City Funded Budget + Program Income)	\$30,000.00	\$0.00	\$30,000.00

**Here you can review the budget for accuracy.**

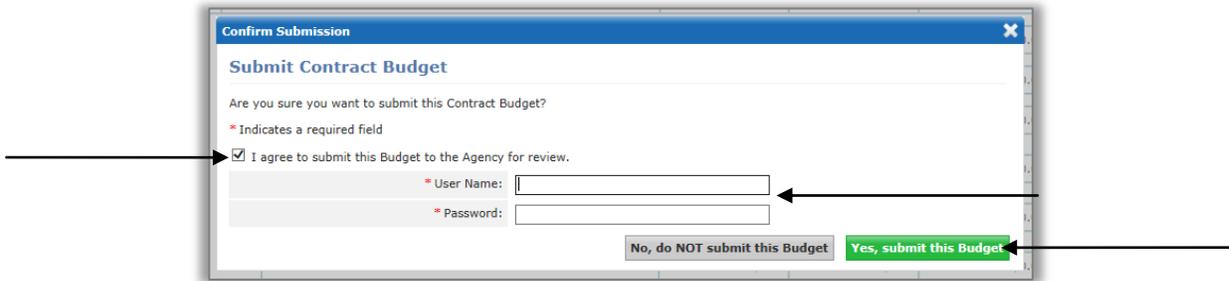
Have you mistakenly filled in the **Rate, Unallocated Funds, tabs?**

Is my Indirect Rate under 8.5% of the total cost excluding costs identified in the **Rent** tab?

Have you filled in the **Milestone** tab if applicable?

Have you accounted for all of your costs?

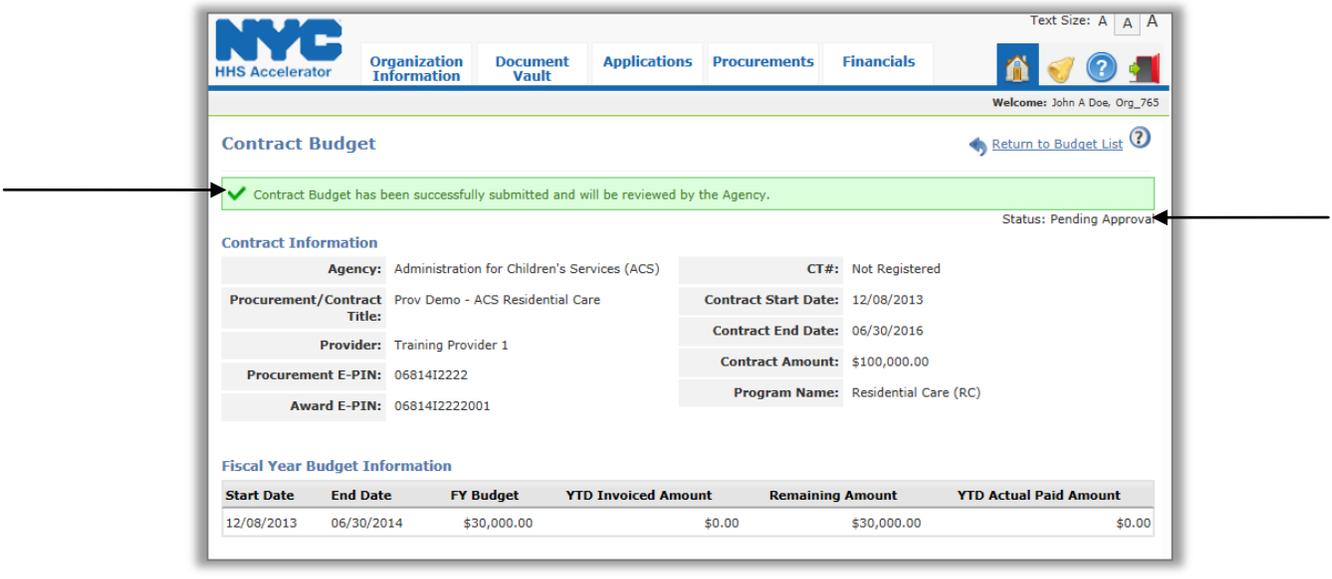
After reviewing the budget click **“Submit”**



Select the box to indicate that you agree to submit the Budget to the Agency for review.

Enter your “User Name” and “Password” as your signature.

Click “Yes, submit this Budget” at the bottom of the screen.



A green message bar will confirm that your budget was successfully submitted and will be reviewed by the Agency.

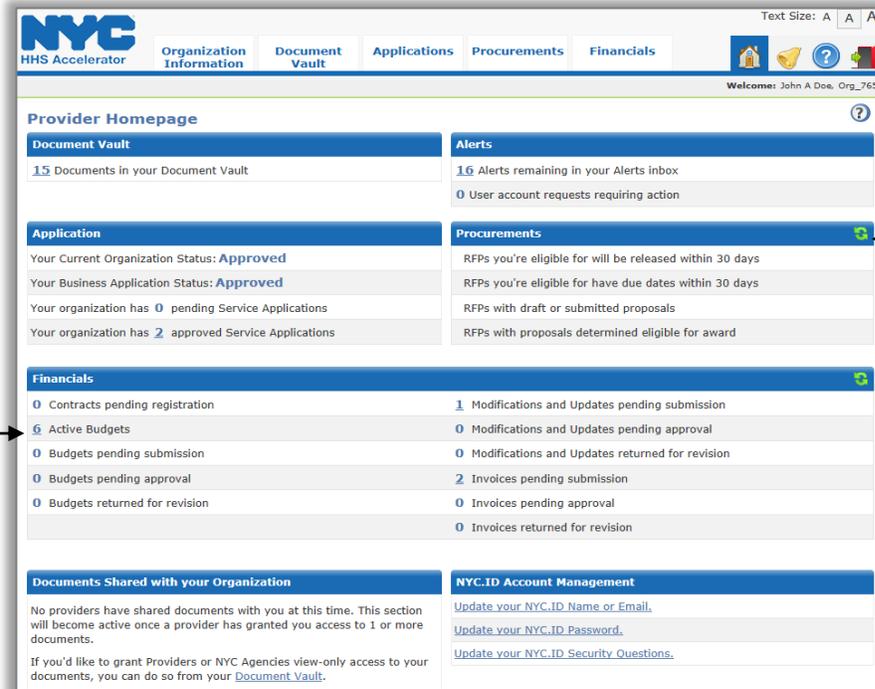
Once your budget has been submitted, the Budget Status will change to Pending Approval.

DHS will either approve the Budget or return it for revision. You will receive notification and alerts, in the system and in your email inbox, if actions are required by your organization.

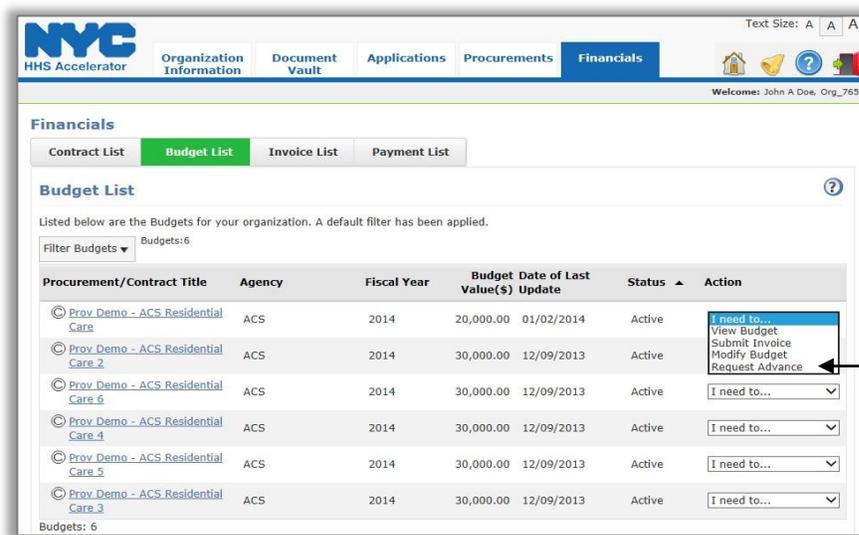
1.2 Advances

There is a significant change to advance payment processing in the Accelerator system. A contract budget must be approved before an advance payment can be processed. We have moved up our dates to accommodate this change.

Click on the number hyperlink next to “Active Budgets”



To request an advance, first click on the “Refresh” icon on the Financials section of the homepage.



Click “Request Advance” from the drop down menu of the budget that you would like to request an advance from.

Enter a brief description on the “Advance Description” box.

Enter the amount you are requesting in the “Advance Amount Request (\$)” box.

Click on “Request Advance”

A green message bar will confirm that the Advance Request was submitted.

**NYC HHS Accelerator** | Organization Information | Document Vault | Applications | Procurements | **Financials**

Text Size: A A A | Welcome: John A Doe, Org\_765

**Financials**

Contract List | **Budget List** | Invoice List | Payment List

**Budget List** ?

✓ ! Advance request submitted.

Listed below are the Budgets for your organization. A default filter has been applied.

Filter Budgets Budgets:6

Procurement/Contract Title	Agency	Fiscal Year	Budget Value(\$)	Date of Last Update	Status	Action
© Prov Demo - ACS Residential Care	ACS	2014	20,000.00	01/02/2014	Active	I need to...
© Prov Demo - ACS Residential Care 2	ACS	2014	30,000.00	12/09/2013	Active	I need to...
© Prov Demo - ACS Residential Care 6	ACS	2014	30,000.00	12/09/2013	Active	I need to...
© Prov Demo - ACS Residential Care 4	ACS	2014	30,000.00	12/09/2013	Active	I need to...
© Prov Demo - ACS Residential Care 5	ACS	2014	30,000.00	12/09/2013	Active	I need to...
© Prov Demo - ACS Residential Care 3	ACS	2014	30,000.00	12/09/2013	Active	I need to...

Budgets: 6

## **2. Contract Budget Modifications**

The purpose of the following procedure is to give Providers flexibility by allowing them to submit certain modifications to their budgets. This is to ensure that all contract budget modifications are documented and result in an officially revised budget which is accepted and approved by the Provider and DHS.

All changes to budgets are to be submitted on a line item basis. All Budget Modifications are to be submitted through the HHS Accelerator system.

**Please note that modifications cannot be made between funding streams: ESG, City Council, DOHMH, and DHS (Non-Grant).**

If there are changes to categories that required an attachment be submitted with the Annual Contract Budget Review, then a revised attachment must be submitted with the Contract Budget Modification.

Budget Modifications should not result in a shortfall in a critical area of operations or in a deviation from the scope of services specified in the contract. Deviations from or changes to the scope of services must be approved by DHS prior to implementation.

DHS reserves the right to revoke the Provider's ability to make Budget Modifications for any amount without prior approval from DHS. In such circumstances, DHS will notify the Provider in writing explaining the reasons for revocation.

### **Justifications and Required Attachments**

#### **Personnel Services (PS)**

The PS threshold requiring submission of the Justification (Attachment 4) for the Contract Budget Modification for DHS approval is:

An increase or decrease of more than 10% in the PS category or \$5,000 (\$3,000 for SRO Providers).

A concise explanation of the factors that necessitated these changes must be attached to the Contract Budget Modification.

It should be noted that all agencies are required to comply with City policy regarding salary increases. Further, any reduction in FTEs does not mean an automatic reduction in service commitment. In addition, any staff changes made must be in conformance with certification requirements and standards of good care.

### **Fringe Benefits**

The fringe benefit threshold requiring submission of the Fringe Benefit Worksheet (Attachment 1) for DHS approval is:

Any increase or decrease in this category.

A concise explanation of the factors that necessitated these changes must be attached to the Contract Budget Modification.

### **Other Than Personnel Services (OTPS)**

For OTPS the threshold requiring submission of the Justification Worksheet (Attachment 4) for the Contract Budget Modification for DHS approval is:

An increase or decrease of more than 10% in the category or \$5,000(10% or \$3,000 for SRO Providers).

A concise explanation of the factors that necessitated these changes must be attached to the Contract Budget Modification.

### **Timetable for Submissions**

Budget Modifications can be submitted at any time during the fiscal year with a maximum of four (4) submissions per year. Additional Contract Budget Modifications may be submitted with the approval of the Assistant Commissioner of Budget.

While the Contract Budget Modification is pending approval, invoices cannot be submitted.

Contract Budget Modifications must be submitted 30 days in advance of the proposed effective change date. Budget Modifications submitted to revise year end budgeted amounts must be submitted within a timeframe that allows for the 30 day approval period required by DHS.

DHS does not guarantee after the fact approval of any major budget changes. If a Provider has an emergency situation requiring a modification in the budget, a written request should be submitted to the Program Analyst detailing the nature of the emergency and the cost. The request should note the area from which the funds will be reduced. The Program Analyst will expedite processing of this request.

The final Contract Budget Modification is the Annual Fiscal Year Closeout. For more information, please see section III, 7. Annual Close-Out/Final Payment.

### **Submitting a Contract Budget Modification in the HHS Accelerator System**

To begin click on the **“Refresh”** icon in the Financials section of the homepage, then click on the

“Financials” tab.

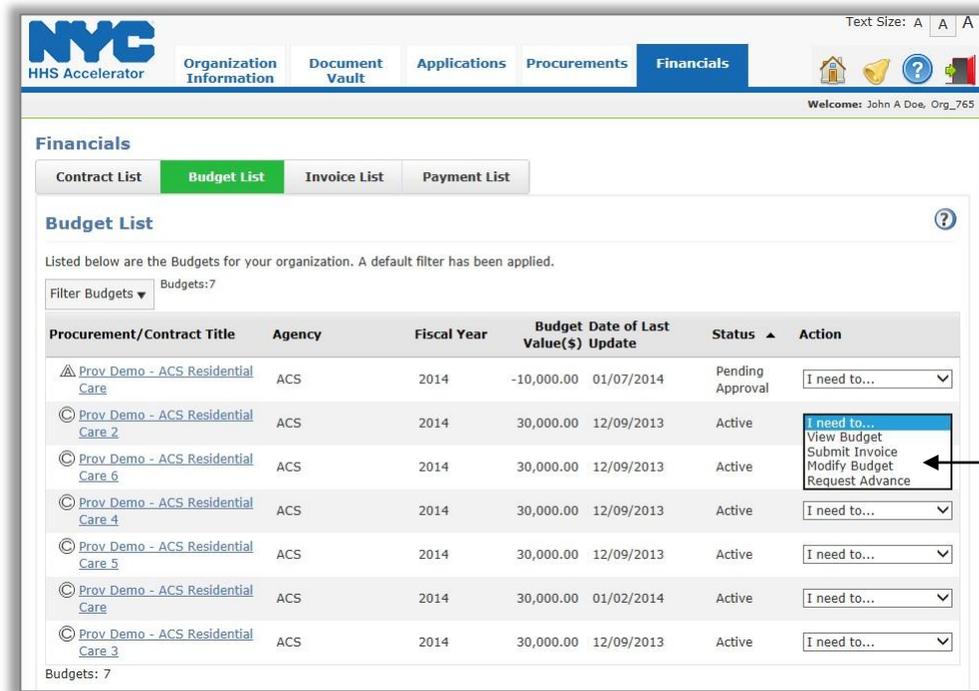
The screenshot shows the NYC HHS Accelerator Provider Homepage. The navigation bar at the top includes tabs for Organization Information, Document Vault, Applications, Procurements, and Financials. The Financials tab is selected. The main content area is divided into several sections: Document Vault (13 Documents), Alerts (3 Alerts), Application (Current Organization Status: Approved, Business Application Status: Approved, 0 pending Service Applications, 2 approved Service Applications), Procurements (0 RFPs eligible for release, 0 RFPs eligible for due dates, 2 RFPs with draft or submitted proposals, 0 RFPs with proposals determined eligible for award), Financials (0 Contracts pending registration, 6 Active Budgets, 0 Budgets pending submission, 1 Budgets pending approval, 0 Budgets returned for revision, 0 Modifications and Updates pending submission, 0 Modifications and Updates pending approval, 0 Modifications and Updates returned for revision, 2 Invoices pending submission, 0 Invoices pending approval, 0 Invoices returned for revision), Documents Shared with your Organization, and NYC.ID Account Management (Update your NYC.ID Name or Email, Update your NYC.ID Password, Update your NYC.ID Security Questions).

Click on the “Budget List” tab.

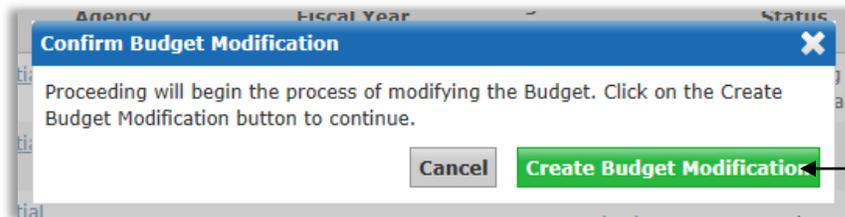
The screenshot shows the NYC HHS Accelerator Financials page. The Financials tab is selected in the navigation bar. The main content area is divided into several sections: Contract List, Budget List, Invoice List, and Payment List. The Budget List tab is selected. The Contract List section is visible, showing a list of contracts for the organization. The list includes columns for Procurement/Contract Title, Agency, CT#, Contract Value(\$), Date of Last Update, and Status. The list contains 6 contracts, all with a value of 100,000.00 and a status of Registered.

Procurement/Contract Title	Agency	CT#	Contract Value(\$)	Date of Last Update	Status
Prov Demo - ACS Residential Care	ACS	CT10680001	100,000.00	01/06/2014	Registered
Prov Demo - ACS Residential Care 2	ACS	CT10680002	100,000.00	12/09/2013	Registered
Prov Demo - ACS Residential Care 6	ACS	CT10680006	100,000.00	12/09/2013	Registered
Prov Demo - ACS Residential Care 4	ACS	CT10680004	100,000.00	12/09/2013	Registered
Prov Demo - ACS Residential Care 5	ACS	CT100220130000587	100,000.00	12/09/2013	Registered
Prov Demo - ACS Residential Care 3	ACS	CT10680003	100,000.00	12/09/2013	Registered

Select “Modify Budget” from the Action drop-down list for the budget you would like to modify.



A new window will pop up. Click **“Create Budget Modification”**.



Click on the first blue bar to expand the **“Budget Summary”** section.

**Contract Budget - Modification**

Status: Pending Submission

**Contract Information**

<b>Agency:</b>	Administration for Children's Services (ACS)	<b>CT#:</b>	CT10680001
<b>Procurement/Contract Title:</b>	Prov Demo - ACS Residential Care	<b>Contract Start Date:</b>	12/08/2013
<b>Provider:</b>	Training Provider 1	<b>Contract End Date:</b>	06/30/2016
<b>Procurement E-PIN:</b>	06814I2222	<b>Contract Amount:</b>	\$90,000.00
<b>Award E-PIN:</b>	06814I2222001	<b>Program Name:</b>	Residential Care (RC)

**Fiscal Year Budget Information**

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount
12/08/2013	06/30/2014	\$20,000.00	\$0.00	\$20,000.00	\$0.00

**Prov Demo - ACS Residential Care** \$20,000.00

Documents  
Advances  
Assignments

Comments View Comments History Save

Click on the “+” symbol next to the **Total City Funded Budget Row**.

**Prov Demo - ACS Residential Care** \$20,000.00

Budget Summary

Line Item	Approved FY Budget	Remaining Amount	Modification Amount	Proposed Budget
+ Total City Funded Budget	\$20,000.00	\$20,000.00	\$0.00	\$20,000.00
Total Program Income (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00	\$0.00
Total Program Budget (City Funded Budget + Program Income)	\$20,000.00	\$20,000.00	\$0.00	\$20,000.00

The Budget Summary lists how funds are currently allocated. To modify the budget, reallocate funding amongst the budget areas as needed. The sum of the changes may not change the overall value of the contract budget.

Click on the “Personnel Services” tab.

In this example, the distribution of funding for Hourly Employees will be modified. If funds are added to one type of worker, it will need to be taken away from another role. Funds can be redistributed across tabs, as long as the contract value does not change.

Changes across categories may require a justification and attachment. See Section 2 for Justification and Required Attachment requirements.

Click on the “+” symbol next to the Hourly Employees Total box.

Prov Demo - ACS Residential Care						
\$20,000.00						
Budget Summary	<b>Personnel Services</b>	Operations & Support	Utilities	Professional Services	Rent	
Contracted Services	Rate	Milestone	Unallocated Funds	Indirect Rate	Program Income	
<b>Personnel Services</b>						
Modification Total Salary & Fringe:					\$0.00	
Modification Total Salary:					\$0.00	
Modification Total Fringe:					\$0.00 (0.00%)	
YTD Invoiced Amount:					\$0.00	
<b>Salaried Employees</b>						
	Approved FY Budget	Remaining Amount	Modification # FTEs	Modification Amount	Proposed Budget	
+ Salaried Employees Total	\$0.00	\$0.00		\$0.00	\$0.00	
<b>Hourly Employees</b>						
	Approved FY Budget	Remaining Amount	Modification # Hours/Year	Modification Amount	Proposed Budget	
+ Hourly Employees Total	\$12,000.00	\$12,000.00		\$0.00	\$12,000.00	
<b>Seasonal Employees</b>						
	Approved FY Budget	Remaining Amount	Modification # Hours/Year	Modification Amount	Proposed Budget	
+ Seasonal Employees Total	\$0.00	\$0.00		\$0.00	\$0.00	
<b>Fringe Benefits</b>						
	Approved FY Budget	Remaining Amount		Modification Amount	Proposed Budget	
Fringe Total	\$0.00	\$0.00		\$0.00	\$0.00	

Select the row that needs to be adjusted and click “Edit”.

<b>Hourly Employees</b>						
	Approved FY Budget	Remaining Amount	Modification # Hours/Year	Modification Amount	Proposed Budget	
- Hourly Employees Total	\$12,000.00	\$12,000.00		\$0.00	\$12,000.00	
Mentor	\$2,400.00	\$2,400.00	0.00	\$0.00	\$2,400.00	
Community Nurse	\$2,400.00	\$2,400.00	0.00	\$0.00	\$2,400.00	
Counseling Specialist	\$2,400.00	\$2,400.00	0.00	\$0.00	\$2,400.00	
Counseling Specialist	\$2,400.00	\$2,400.00	0.00	\$0.00	\$2,400.00	
Attendance Specialist	\$2,400.00	\$2,400.00	0.00	\$0.00	\$2,400.00	

Enter the **“Modification #/Hours/Year”** and **“Modification Amount”** values. Enter negative quantities if you decreasing the line.

Hourly Employees	Approved FY Budget	Remaining Amount	Modification # Hours/Year	Modification Amount	Proposed Budget
<b>Hourly Employees Total</b>	\$12,000.00	\$12,000.00		(\$1,200.00)	\$10,800.00
Mentor	\$2,400.00	\$2,400.00	0.00	\$0.00	\$2,400.00
Community Nurse	\$2,400.00	\$2,400.00	0.00	\$0.00	\$2,400.00
Counseling Specialist	\$2,400.00	\$2,400.00	-50.00	-1200.00	\$1,200.00
Counseling Specialist	\$2,400.00	\$2,400.00	0.00	\$0.00	\$2,400.00
Attendance Specialist	\$2,400.00	\$2,400.00	0.00	\$0.00	\$2,400.00

Select the new row that needs to be adjusted and click **“Edit”**. Enter the **“Modification #/Hours/Year”** and **“Modification Amount”** values. Enter positive quantities if you increasing the line.

Hourly Employees	Approved FY Budget	Remaining Amount	Modification # Hours/Year	Modification Amount	Proposed Budget
<b>Hourly Employees Total</b>	\$12,000.00	\$12,000.00		(\$1,200.00)	\$10,800.00
Mentor	\$2,400.00	\$2,400.00	0.00	\$0.00	\$2,400.00
Community Nurse	\$2,400.00	\$2,400.00	50.00	1200.00	\$2,400.00
Counseling Specialist	\$2,400.00	\$2,400.00	-50.00	(\$1,200.00)	\$1,200.00
Counseling Specialist	\$2,400.00	\$2,400.00	0.00	\$0.00	\$2,400.00
Attendance Specialist	\$2,400.00	\$2,400.00	0.00	\$0.00	\$2,400.00

Click **“Save”**.

Repeat this process to make adjustments in each tab.

When you have made all of your changes, click on the **“Budget Summary”** tab to review, and ensure that there has been a zero sum change.

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount
12/08/2013	06/30/2014	\$20,000.00	\$0.00	\$20,000.00	\$0.00

Prov Demo - ACS Residential Care \$20,000.00

**Budget Summary**

Line Item	Approved FY Budget	Remaining Amount	Modification Amount	Proposed Budget
+ Total City Funded Budget	\$20,000.00	\$20,000.00	\$0.00	\$20,000.00
Total Program Income (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00	\$0.00
Total Program Budget (City Funded Budget + Program Income)	\$20,000.00	\$20,000.00	\$0.00	\$20,000.00

Once all of the information is accurate, click **“Submit”**.

Select the **box** to indicate that you agree to submit this Budget Modification to the Agency for review. Enter your **“User name”** and **“Password”** as your signature.

Click **“Yes, submit this Modification”**.

**Confirm Submission**

**Submit Budget Modification**

Are you sure you want to submit the Contract Budget Modification?

\* Indicates a required field

I agree to submit this Budget Modification to the Agency for review.

\* User Name: \_\_\_\_\_

\* Password: \_\_\_\_\_

No, do NOT submit this Modification | Yes, submit this Modification

A green message bar will confirm that your Contract Budget Modification was successfully submitted and will be reviewed by the Agency.

**Contract Budget - Modification**

Contract Budget has been successfully submitted and will be reviewed by the Agency.

Contract Information:

Agency: Administration for Children's Services (ACS)	CT#: CT10680001
Procurement/Contract Title: Prov Demo - ACS Residential Care	Contract Start Date: 12/08/2013
Provider: Training Provider 1	Contract End Date: 06/30/2016
Procurement E-PIN: 0681412222	Contract Amount: \$90,000.00
Award E-PIN: 0681412222001	Program Name: Residential Care (RC)

Fiscal Year Budget Information:

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount
12/08/2013	06/30/2014	\$20,000.00	\$0.00	\$20,000.00	\$0.00

Prov Demo - ACS Residential Care \$20,000.00

Documents | Advances | Assignments

### **3. New Needs**

New Need requests are submitted and processed outside of the HHS Accelerator system. A New Need is a request to increase the Annual Contract Budget's total funding, or bottom-line. New Needs can be submitted to DHS for approval at any time using the Human Service Providers New Need Request Form (**See Attachment # 12**). A New Needs request should be submitted to the Program Analyst, and must be accompanied by a letter clearly identifying the justifications for the request as well as any supporting documentation and 3 bids if applicable. New Needs will be reviewed on a first come basis and prioritized based on criticality and availability of funds. Highest priority will be given to the emergency needs (such as health and safety and/or regulatory compliance issues). DHS will respond to the Provider in writing within 45 days of receiving each New Needs request.

An updated Budget can only be submitted for all **approved funded** New Needs. For information on updated Budgets, please see Provider Guide 302.

Providers may be given funds in their budgets for construction, renovation, repairs or other work which would not qualify as normal maintenance; or, with prior approval of DHS's Maintenance & Repair Division (M&R) and the Program Analyst, a Provider may modify its budget to perform this kind of work. These expenses are subject to additional review and approval. Providers must submit all aspects of the planning, design, construction, management and coordination of the project to M&R prior to commencement of the project for all work to be done in City-owned, State-owned or Health and Hospitals Corporation-owned facilities, or for projects which exceed \$5,000.00 in non-City/State-owned facilities. Projects in non-City/State-owned buildings which are less than \$5,000.00 do not require additional approval.

The M&R Construction Manager (CM) assigned to the project will first review the scope of work, justification, project schedule and cost estimate for the renovation or repair work. If an architect, engineer or other design professional is required, their proposal must be included in the submission. A M&R sign-off of this submission is required for the Provider to proceed to either bidding or design work. The CM will review and approve the plans, specifications and bids before the Provider signs any construction contracts. After signing, the CM must be notified one week before the construction start date.

Please contact your Program Analyst with any questions.

#### **To complete the New Needs Request form:**

#### **NATURE OF THE REQUEST (SECTION I)**

*Provider to complete:*

Enter your name, the facility, and contact information. Enter the funds required, which may differ in the current year and the out-years, along with an explanation of how you calculated the dollars needed (for example, average salary).

As importantly, if not more so, it is crucial to justify why you are requesting the money. Specifically, state why you want to implement the New Need (for example, State mandate, or leaky roof) and what will occur

should you not receive funding (for example, State fines, longer stays by clients, water leaking into rooms). DHS has limited available funding, so it is important to describe why your need is a top priority. Please attach additional pages so we can review a comprehensive justification. **Please note that all submissions must be accompanied by three (3) bids if the request exceeds \$25,000. DHS may require the Provider to submit market research for New Needs requests between \$5,000 and \$25,000.**

## ACKNOWLEDGEMENT OF RECEIPT (SECTION II)

*DHS Programs to complete within 14 days of receiving the form:*

The Program Analyst will note when the form was received and sign this section.

**Note to Providers:** If you have not received an acknowledgement within three weeks of mailing DHS the form, please call your Program Analyst to confirm receipt.

## DHS PROGRAMMATIC RECOMMENDATION

*DHS Programs to complete within 30 days of receiving the form:*

Programs will state the decision and the reason and obtain the necessary signatures. If more information from the Provider is required, the recommendation is "On Hold."

**If the recommendation is "Approve,"** Programs will forward the submission to the DHS Budget Office.

**If the recommendation is "On Hold" or "Disapprove,"** Programs will **not** forward the request to Budget. Instead, it will keep the original for its records and notify the Provider.

## DHS BUDGET RECOMMENDATION

*Budget to complete within 15 days of receiving the form, only for requests approved by Programs:*

Budget will complete the amount requested, amount funded, and the budget/object code. If Budget funds an amount that differs from the request, it will include an explanation of the variance. For all recommendations, Budget will return the completed form to Programs, which will notify the Provider and take any other applicable actions.

**If the recommendation is "Funds Available,"** Programs will begin any necessary contract amendment processes.

**If the recommendation is "Request Approved but Funds Currently Unavailable,"** Programs will notify the Provider of the decision. If funds are available later in the fiscal year, Budget will send a revised form to Programs, which will inform the Provider and initiate any contract amendments that are necessary.

**If the recommendation is "Funds Unavailable,"** there are no funds available for the remainder of the fiscal year. The Provider may resubmit the request during the following fiscal year.

**If the recommendation is "Other,"** Budget will specify what actions Programs should take.

#### **4. Start-Up Funds**

When a new facility or program is opened, the Provider may be given start-up funds in the Contract Budget to pay for personnel, materials and supplies which are necessary to make the facility or program operational.

According to State regulation, start-up costs in Tier II facilities are to be amortized over a five year period, which include principal and interest. The annual amount will be added to the budget under debt service. Start-up costs include payments for purchases or services prior to the facility opening.

The Start-up budget is negotiated as part of contract negotiations. Providers may request up to 2/12ths of the annual operating budget. Once established, the Start-up budget is submitted to DHS through the HHS Accelerator System. See pages 5-34 for information on how to submit a contract budget.

A Start-up budget must be submitted along with a description of the items, quantity, unit cost and total cost for the materials and supplies needed to make the facility operational prior to the facility opening and providing the delivery of shelter services. This should be attached to the contract budget in Accelerator.

If the Provider wishes to spend the start-up funds in a matter which deviates from the start-up budget, a contract budget modification must be prepared.

All non-profits holding contracts with one of the Health and Human Services agencies were required to enroll with Essensa by June 30,2013. Providers are encouraged to use Essensa for purchasing items. If Essensa isn't used, we will only reimburse the Provider up to the Essensa rate only. Essensa is a New York-based group purchasing organization that offers membership to non-profits working with New York City. As the latest addition to a set of initiatives announced in 2009 to assist New York City's nonprofits, this group purchasing plan will help maximize savings on purchases and give New York City funded nonprofits access to discounts on a wide range of goods and services.

Contact : Greg Warner [Warner@essensa.org](mailto:Warner@essensa.org) (866) 430-5330 [www.essensa.org/nyc](http://www.essensa.org/nyc)

If Providers are unable to utilize Essensa for their purchasing needs they must solicit and document at least three (3) written estimates for any payment made or obligation undertaken in connection with this Agreement for any purchase of goods, supplies, or services (including but not limited to consulting services) for amounts in excess of \$25,000. The monetary threshold applies to payments made or obligations undertaken in the course of a one (1) year period with respect to any one (1) person or entity. Payments made or obligations undertaken will not be artificially divided in order to avoid the requirements of this paragraph.

For any payment made or obligation undertaken in connection with this Agreement for any purchase of goods, supplies, or services (including but not limited to consulting services) for amounts between \$5,000 and \$25,000, Providers shall conduct sufficient market research and/or competition to support its determination that the price of such purchased goods, supplies, services or equipment is reasonable. The monetary thresholds apply to payments made or obligations undertaken in the course of a one (1) year period with respect to anyone (1) person or entity. Payments made or obligations undertaken will not be artificially divided in order to avoid the requirements of this paragraph.

### III. PAYMENT PROCEDURES

#### 1. Introduction

It is the goal of the Department of Homeless Services (DHS) to strike a balance between fiscal monitoring and control and timely, efficient payment for services rendered. These procedures will help DHS to meet the rigorous demands of ensuring that public dollars are spent wisely and appropriately, while at the same time they will permit funds to flow to our Providers without undue delays.

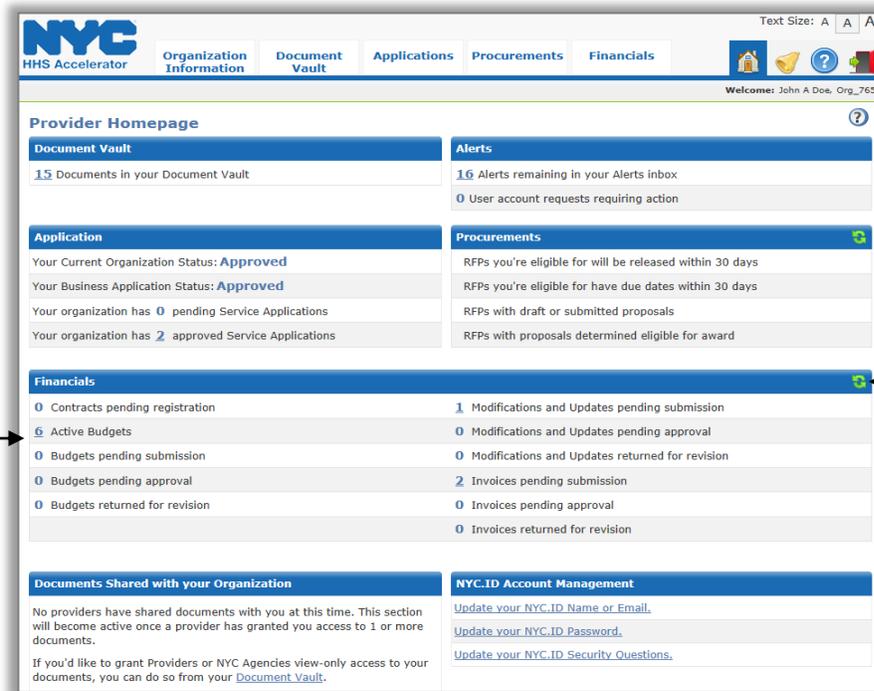
#### 2. Advances

Providers may request from DHS an advance in payment for services to be rendered under the contract. An advance will be given at the beginning of the contract term and each of the city’s fiscal years (7/1 to 6/30). The maximum amount of the advance will be two (2) months or 2/12<sup>th</sup> of the annual contract amount.

There is a significant change to advance payment processing in the Accelerator system. A Contract Budget **must** be active before an advance payment can be requested and processed

#### To request an advance:

Then click on the number hyperlink next to “Active Budgets”



First click on the “Refresh” icon on the Financials section of the homepage.



The screenshot shows the NYC HHS Accelerator interface. The 'Financials' tab is selected, and the 'Budget List' sub-tab is active. A table lists budgets for ACS Residential Care. The 'Action' column for the first row has a dropdown menu open, with 'Request Advance' selected. Other options include 'View Budget', 'Submit Invoice', and 'Modify Budget'.

Procurement/Contract Title	Agency	Fiscal Year	Budget Value(\$)	Date of Last Update	Status	Action
Prov Demo - ACS Residential Care	ACS	2014	20,000.00	01/02/2014	Active	I need to... View Budget Submit Invoice Modify Budget Request Advance
Prov Demo - ACS Residential Care 2	ACS	2014	30,000.00	12/09/2013	Active	I need to...
Prov Demo - ACS Residential Care 6	ACS	2014	30,000.00	12/09/2013	Active	I need to...
Prov Demo - ACS Residential Care 4	ACS	2014	30,000.00	12/09/2013	Active	I need to...
Prov Demo - ACS Residential Care 5	ACS	2014	30,000.00	12/09/2013	Active	I need to...
Prov Demo - ACS Residential Care 3	ACS	2014	30,000.00	12/09/2013	Active	I need to...

Click **“Request Advance”** from the drop down menu of the budget that you would like to request an advance from.

Enter a brief description on the **“Advance Description”** box.

The 'Request Advance' dialog box contains the following fields and values:

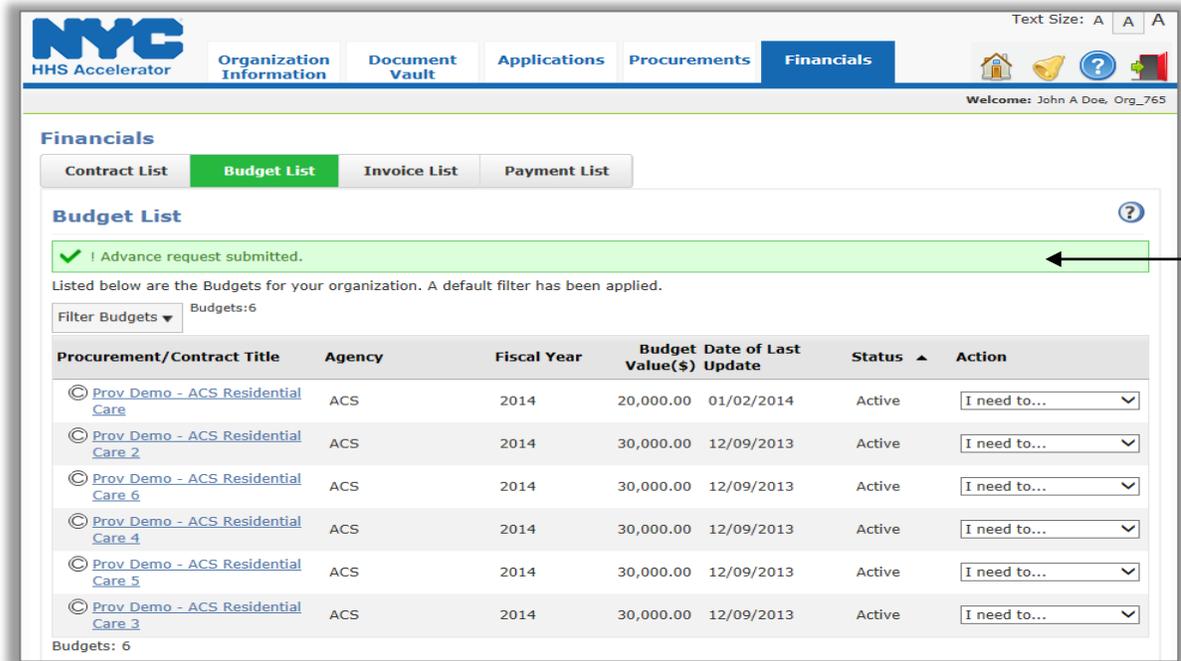
- CT#: CT10680001
- Provider: Training Provider 1
- Fiscal Year: FY14
- Advance Request Date: 01/15/2014
- \* Advance Amount Requested(\$): \$00.00
- \* Advance Description: (empty text box)

Buttons: Cancel, Request Advance

Enter the amount you are requesting in the **“Advance Amount Requested (\$)”** box.

Click on **“Request Advance”**

A green message bar will confirm that the Advance Request was submitted.



Advances will be recouped as follows:

Recoupment schedule

- 1) The first recoupment will be 10% of the total amount advanced and will be applied against the January invoice.
- 2) The 10% recoupment will continue monthly through the May invoice.
- 3) The balance of the advance (50%) will be taken at the closeout. \*

\* Note that if the June expenses are anticipated to be less than 50% of the advance issued, DHS reserves the right to increase the amount recouped in April and/or May (first and second recoupment) or to start the recoupment process earlier, to ensure that the advance is fully recouped.

When the contract term begins in the middle of the fiscal year, the advance will be recouped in the same manner. If the contract term ends in the middle of the fiscal year, the advance may be recouped from the last three Invoices of the contract term. DHS will then issue another two month advance for the new contract. The Department reserves the right to issue a smaller advance and amend the recoupment schedule if the advance is issued fewer than three months prior to the end of the fiscal year or contract term.

### **3. Monthly Invoices**

In order to be reimbursed, Providers must submit an invoice in **Accelerator** to DHS **by the 15<sup>th</sup> day of the following month**, or if applicable, Providers must accept the CARES generated invoice **within 10 business days**.

Invoices may only be submitted for Active Budgets. Pending Budget Modifications must be approved before an invoice can be submitted in Accelerator. Additionally, Accelerator will not allow you to submit an invoice that is not in line with your expenses.

#### **3.1. Expense-Based Contracts**

Invoices must accurately reflect expenses in accordance with the approved budget, which were actually paid for by the Provider during the month covered by the invoice. June invoicing and year-end expenses will be addressed in Section III, 7. Annual Close-Out/Final Payment. For instruction on how to submit an invoice see pages 53-67.

#### **3.2 Rate-Based Contracts**

For rate based contracts, the monthly invoice submission is completed through CARES. Once the CARES process is completed an Advance payment will follow in Accelerator. For instructions on requesting Advances please see Section III, 2. Advances.

### **CARES Invoice Procedure**

DHS CARES will auto-create a care day invoice on the 6<sup>th</sup> day of each month (Late Arrival Facilities are generated on a weekly basis). HERO will send a monthly email alert to the Provider's Financial Officer giving them 10 business days to review, reconcile and accept their care day claims in CARES. Once accepted, the invoice will move through process of Approval and Payment. Please note invoices cannot be approved until rosters are finalized for the billing period.

If the Provider disputes any of the care days, but agrees to be paid in the amount stated on the invoice with reconciliation to occur post-payment, the Provider should submit their discrepancies in the format provided by HERO with supporting documentation, including Voluntary Direct Payment Forms (VDPs) for the disputed claims. HERO will investigate the discrepancies, and if care days are entitled, the Provider will be compensated in the additional claims which will appear as separate line items in the following month's invoice.

If the Provider rejects the invoice due to disputes in care days, this may result in delayed processing and payment. In order to ensure timely payment the Provider must submit paperwork by the deadline established.

Payments for CARES invoices will be processed as advance payments in Accelerator referencing the CARES invoice.

In addition, quarterly invoices should be submitted through Accelerator by the 15<sup>th</sup> day of the month following the quarter. These invoices should accurately reflect expenses in accordance with the approved budget which were actually paid for by the Provider during the period covered by the invoice, with the exception of the fourth quarter invoice. The fourth quarter invoice is addressed in Section III, 7. Annual Close-Out/Final Payment. For instructions on how to submit an invoice see pages 53-67.

### **3.3. Construction Expenses**

Providers may be given funds in their budgets for construction, renovation, repairs or other work which would not qualify as normal maintenance; or, with prior approval of DHS's Maintenance and Repair (M&R) Division and the Program Analyst, a Provider may modify its budget to perform this kind of work. These expenses are subject to additional review and approval. Providers must submit all aspects of the planning, design, construction, management and coordination of the project to M&R prior to commencement of the project for all work to be done in City-owned, State-owned or Health and Hospitals Corporation-owned facilities, or for projects which exceed \$5,000.00 in non-City/State-owned facilities. Projects in non-City/State-owned buildings which are less than \$5,000.00 do not require additional approval; and, if included in the annual review budget, such expenses should be included in the monthly expense report.

The M&R Construction Manager (CM) assigned to the project will first review the scope of work, justification, project schedule and cost estimate for the renovation or repair work. If an architect, engineer or other design professional is required, their proposal must be included in the submission. A M&R sign-off of this submission is required for the Provider to proceed to either bidding or design work. The CM will review and approve the plans, specifications and bids before the Provider signs any construction contracts. After signing, the CM must be notified one week before the construction start date.

During construction, all bills submitted by the sub-Provider to the Provider must be attached to the invoices submitted in the HHS Accelerator system. The attachments should include a cover letter summarizing the total amount of the expense and specifying the line in the budget against which the expense will be charged. The CM and the Engineering Audit Officer (EAO) will review all bills and certify the invoice for payment. The Provider must pay the sub-Provider(s) within seven days after receipt of payment from DHS. Construction expenses must be included in the final billing for the fiscal year.

### **4. Provider Certification of Invoices**

The Provider Certification of Invoices is now completed in Accelerator. When an invoice is submitted, you will be asked to check off the box that states "I agree to submit this Invoice to the Agency for Review" as well as to enter your User Name and Password. This serves as your signature and certification. Where applicable, Providers submitting invoices through CARES will certify their invoices in CARES in the "Enter Pin" section that states:

*"I hereby certify that the charges reported herein have been incurred for services provided for programs administered by the City of New York acting by and through the New York City Department of Homeless Services; that all policies, procedures, and requirements to CARES data, including but not limited to the protection of confidential data, have been strictly adhered to;*

*that the itemized invoices, supporting documents and records evidencing payment are in the files of this organization and are available to the New York City Department of Homeless Services and other entities with the requisite authority to inspect and audit such documents; that the charges are just, true and correct; and that no part thereof has been previously included in an invoice to the City of New York, paid, satisfied or otherwise settled. Enter your unique PIN number in the space below (this is a required field)”.*

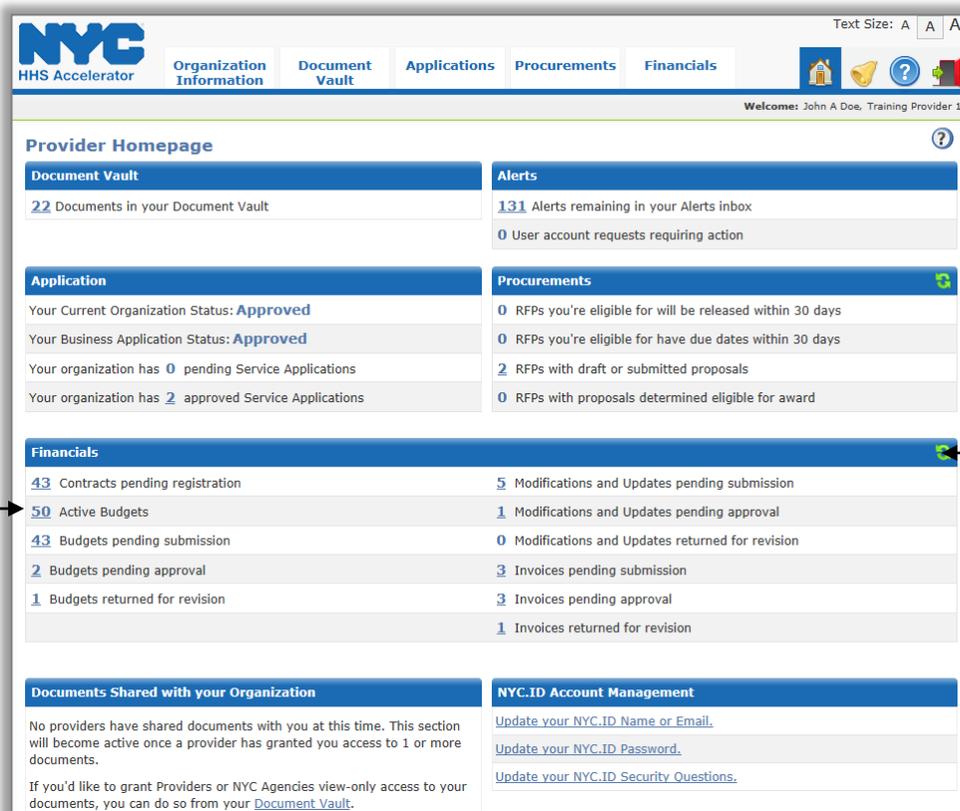
### 5. Adjusted Payments

Invoices created and submitted in Accelerator cannot be adjusted by DHS. If a correction needs to be made to an invoice, it will be “Returned for Revision”, and you will be notified. For instructions on how to revise an invoice see pages 67-72.

Audit recoupment will be satisfied by assigning a portion of the payment to DHS. Providers will be notified in the comments section of the payment.

### 6. Submitting and Adjusting Invoices in Accelerator

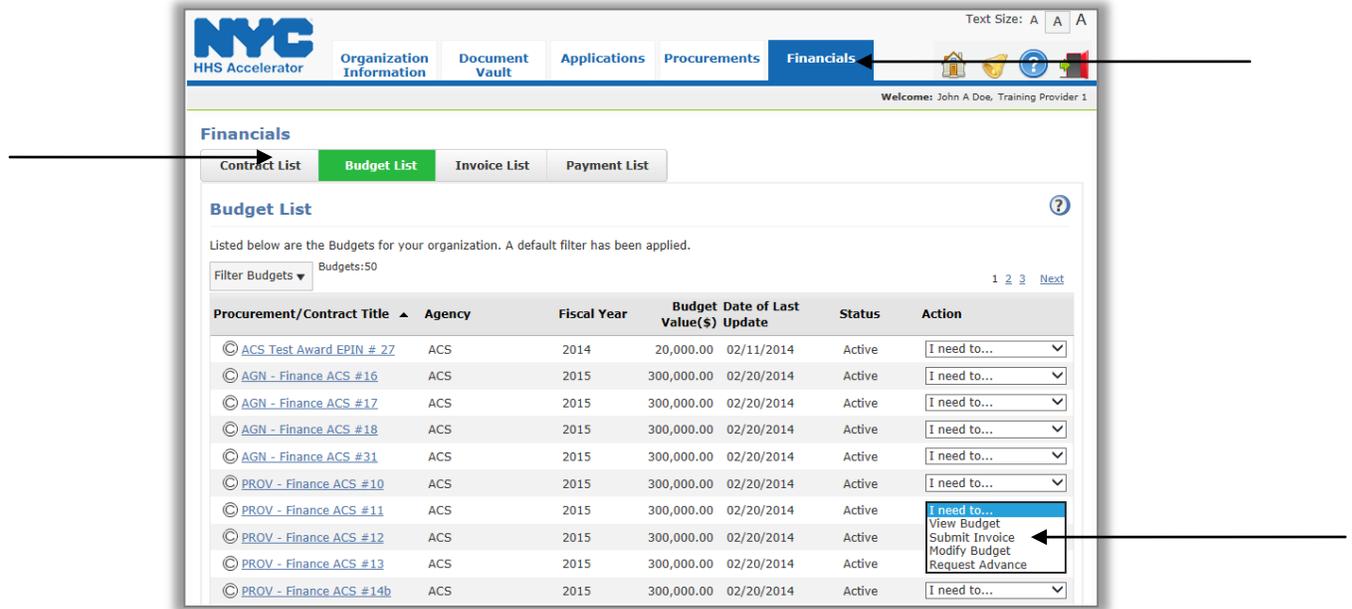
Invoices are started from the **Budget** List tab in Accelerator. To create an invoice:



First, click on the **refresh** icon on the Financials section of the homepage. Next, click on the number hyperlink for **Active Budgets**.

A budget **must** be Approved, and the contract Registered, to be in Active Status. Invoices can only be submitted against Active Budgets.

To start a new invoice, select “**Submit Invoice**” from the Actions drop down menu for a specific contract.



Review the details in the Contract Information and Fiscal Year Budget Information sections. The Fiscal Year Budget Information lists Start Date, End Date, FY Budget, YTD Invoiced Amount, Remaining Amount, YTD Actual Paid Amount, and Cash Balance.

**NYC HHS Accelerator** | Organization Information | Document Vault | Applications | Procurements | Financials | Text Size: A A A | Welcome: John A. Doe, Training Provider 1

**Contract Invoicing** | [Return to Invoice List](#) | Status: Pending Submission

**Contract Information**

Agency:	Administration for Children's Services (ACS)	CT#:	CT10220201407
Procurement/Contract Title:	PRDV - Finance ACS #11	Contract Start Date:	07/01/2014
Provider:	Training Provider 1	Contract End Date:	06/30/2017
Procurement E-PIN:	UAT1000	Contract Amount:	\$1,000,000.00
Award E-PIN:	UAT1000	Program Name:	Universal Pre-Kindergarten Services (UPK): Child Care

**Fiscal Year Budget Information**

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount	Cash Balance
07/01/2014	06/30/2015	\$300,000.00	\$0.00	\$300,000.00	\$0.00	\$300,000.00

**Invoice Information**

Invoice Number:	140400040	Agency Invoice Number:	
Provider Invoice Number:	<input type="text"/>	Service Date To:	<input type="text"/>
Service Date From:	<input type="text"/>	Invoice Approved Date:	N/A
Invoice Submission Date:	N/A		

Description	Amount
Invoice Total	\$0.00
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
<b>Total Proposed Payment to Vendor</b>	<b>\$0.00</b>

[Save](#) [Submit](#)

**Fy2015** | \$300,000.00 | Documents | Advances | Assignments

**Comments** | [View Comments History](#) | [Save](#)

Enter any comments:  
Click the 'Save' button above to save your comments.

Enter your organization's **“Provider Invoice Number”**. The Provider Invoice Number allows your organization to enter any internal invoice number your organization uses. If your organization does not have one, just enter NA.

**Contract Invoicing** [Return to Invoice List](#) Status: Pending Submission

**Contract Information**

<b>Agency:</b> Administration for Children's Services (ACS)	<b>CT#:</b> CT10220201407
<b>Procurement/Contract Title:</b> PROV - Finance ACS #11	<b>Contract Start Date:</b> 07/01/2014
<b>Provider:</b> Training Provider 1	<b>Contract End Date:</b> 06/30/2017
<b>Procurement E-PIN:</b> UAT1000	<b>Contract Amount:</b> \$1,000,000.00
<b>Award E-PIN:</b> UAT1000	<b>Program Name:</b> Universal Pre-Kindergarten Services (UPK): Child Care

**Fiscal Year Budget Information**

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount	Cash Balance
07/01/2014	06/30/2015	\$300,000.00	\$0.00	\$300,000.00	\$0.00	\$300,000.00

**Invoice Information**

<b>Invoice Number:</b> 140400040	<b>Agency Invoice Number:</b> [Field]
<b>Provider Invoice Number:</b> HFJS29S	<b>Service Date To:</b> 07/31/2014
<b>Service Date From:</b> 07/01/2014	<b>Invoice Approved Date:</b> N/A
<b>Invoice Submission Date:</b> N/A	

Description	Amount
Invoice Total	\$0.00
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
<b>Total Proposed Payment to Vendor</b>	<b>\$0.00</b>

Enter the **“Service Date From”** and **“Service Date To”** for the invoice. The dates entered must fall within the fiscal year contract term dates.

Click **“Save”**.

**Next**, click on the first blue header just below the Fiscal Year Budget information grid.

**Fiscal Year Budget Information**

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount	Cash Balance
07/01/2014	06/30/2015	\$300,000.00	\$0.00	\$300,000.00	\$0.00	\$300,000.00

**Invoice Information**

<b>Invoice Number:</b> 140400040 <b>Provider Invoice Number:</b> <input type="text" value="HFJ5295"/> <b>Service Date From:</b> <input type="text" value="07/01/2014"/>	<b>Agency Invoice Number:</b> <input type="text"/> <b>Service Date To:</b> <input type="text" value="07/31/2014"/>
<b>Invoice Submission Date:</b> N/A	<b>Invoice Approved Date:</b> N/A

Description	Amount
<b>Invoice Total</b>	<b>\$0.00</b>
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
<b>Total Proposed Payment to Vendor</b>	<b>\$0.00</b>

---

**Fy2015** \$300,000.00

**Budget Summary**  
 Contracted Services    Rate    Milestone

Personnel Services    Operations & Support    Utilities    Professional Services    Rent

Unallocated Funds    Indirect Rate    Program Income

Line Item	FY Budget	YTD Invoiced Amount	Remaining Amount	Invoice Amount
<b>+ Total City Funded Budget</b>	\$300,000.00	\$0.00	\$300,000.00	\$0.00
<b>Total Program Income</b> <small>(Excluded from City Funded Budget; Not Invoiced)</small>	\$40,000.00	\$0.00	\$40,000.00	\$0.00
<b>Total Program Budget</b> <small>(City Funded Budget + Program Income)</small>	\$340,000.00	\$0.00	\$340,000.00	\$0.00

**Documents** ▶

**Advances** ▶

**Assignments** ▶

Each tab on the Invoice is accessible and may be completed at any time.

Budget information is entered in each tab. The Budget Summary summarizes the total of all direct and indirect costs. Tabs for all budget sections are visible at the top of the budget summary section.

Your organization can only invoice on budget lines that have been approved by the Agency, and where funds remain.

Click on the “+” Symbol to expand the Budget Summary grid.

The Budget Summary lists the approved FY Budget, YTD Invoiced Amount, Remaining Amount and Invoice Amount.

Next, click on the “Personnel Services” tab.

To view details on how the budget is broken down, and to invoice by line, view each individual tab.

Fy2015		\$300,000.00				
Budget Summary		Personnel Services	Operations & Support	Utilities	Professional Services	Rent
Contracted Services		Rate	Milestone	Unallocated Funds	Indirect Rate	Program Income
<b>Budget Summary</b>						
Line Item	FY Budget	YTD Invoiced Amount	Remaining Amount	Invoice Amount		
- Total City Funded Budget	\$300,000.00	\$0.00	\$300,000.00	\$0.00		
<b>Total Direct Costs</b>		\$280,000.00	\$0.00	\$280,000.00	\$0.00	
- Total Salary and Fringe	\$163,000.00	\$0.00	\$163,000.00	\$0.00		
Total Salary	\$157,000.00	\$0.00	\$157,000.00	\$0.00		
Total Fringe	\$6,000.00	\$0.00	\$6,000.00	\$0.00		
- Total OTPS	\$62,000.00	\$0.00	\$62,000.00	\$0.00		
Operations,Support and Equipment	\$4,900.00	\$0.00	\$4,900.00	\$0.00		
Utilities	\$4,000.00	\$0.00	\$4,000.00	\$0.00		
Professional Services	\$2,100.00	\$0.00	\$2,100.00	\$0.00		
Rent and Occupancy	\$30,000.00	\$0.00	\$30,000.00	\$0.00		
Contracted Services	\$21,000.00	\$0.00	\$21,000.00	\$0.00		
<b>Total Rate Based</b>	\$25,000.00	\$0.00	\$25,000.00	\$0.00		
<b>Total Milestone Based</b>	\$30,000.00	\$0.00	\$30,000.00	\$0.00		
<b>Unallocated Funds</b>	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total Indirect Costs</b>						
Indirect Rate 7.14 %						
<b>Total Indirect Costs</b>	\$20,000.00	\$0.00	\$20,000.00	\$0.00		
<b>Total Program Income</b> (Excluded from City Funded Budget; Not Invoiced)	\$40,000.00	\$0.00	\$40,000.00	\$0.00		
<b>Total Program Budget</b> (City Funded Budget + Program Income)	\$340,000.00	\$0.00	\$340,000.00	\$0.00		

Click on the “+” symbol next to the **Salaried Employees Total** row to expand the grid.

**Personnel Services**

<b>Total Salary &amp; Fringe:</b>	\$0.00
<b>Total Salary:</b>	\$0.00
<b>Total Fringe:</b>	\$0.00 (0.00%)
<b>YTD Invoiced Amount:</b>	\$0.00

Salaried Employees	# of FTEs	Remaining Amount	Invoice Amount
- Salaried Employees Total		\$155,000.00	\$0.00
Administrator	1	\$40,000.00	\$0.00
Case Planner/Worker	3	\$90,000.00	\$0.00
Case Manager Supervisor	.3	\$25,000.00	\$0.00
Outreach Specialist	13	\$0.00	\$0.00
Coordinator	1	\$0.00	\$0.00

Hourly Employees	Hours/Year	Remaining Amount	Invoice Amount
- Hourly Employees Total		\$2,000.00	\$0.00
Actor	200	\$2,000.00	\$0.00

Seasonal Employees	Hours/Year	Remaining Amount	Invoice Amount
+ Seasonal Employees Total		\$0.00	\$0.00

Fringe Benefits	Remaining Amount	Invoice Amount
Fringe Total	\$5,000.00	\$0.00

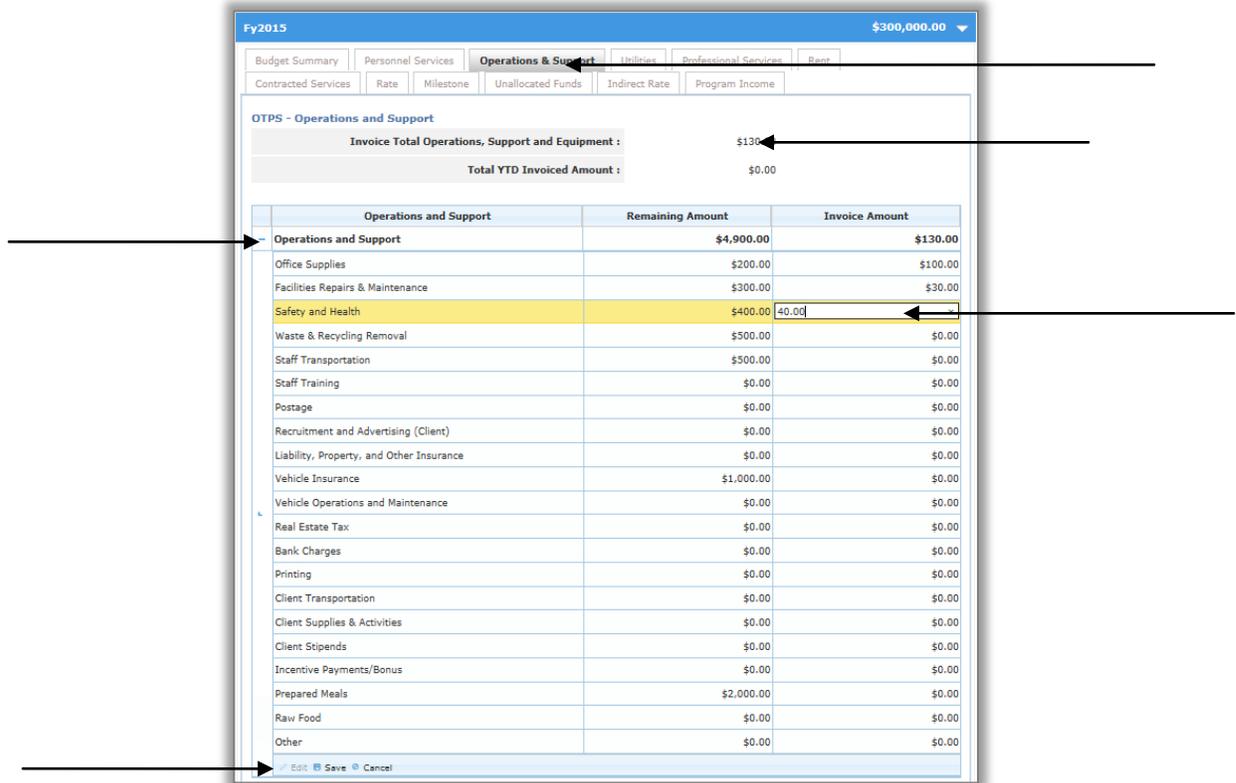
For the lines your organization would like to invoice for, double click and enter a value in the “**Invoice Amount**” box.

Click, “**Save**”.

Repeat steps to invoice for additional Salaried Employees and Fringe.

**DO NOT ENTER INFORMATION IN THE HOURLY EMPLOYEES OR SEASONAL EMPLOYEES FIELDS.**

Next, click on the “Operations & Support” tab.



**Operations & Support and Equipment** includes supplies that are not lasting or permanent in nature, such as office, program and/or maintenance supplies and the rental, lease, repair and maintenance of office/programmatic equipment utilized in the program’s operation. Also include any other operating costs that cannot be classified in any other category.

Click on the “+” symbol next to the **Operations and Support** row to expand the grid.

For the lines your organization would like to invoice for, double click and enter a value in the “**Invoice Amount**” box and click “**Save**” at the bottom left of the grid.

Repeat steps to invoice for additional Operations and Support items.

**DO NOT ENTER INFORMATION IN THE RECRUITMENT AND ADVERTISING, REAL ESTATE TAX, BANK CHARGES, OR INCENTIVE PAYMENTS/BONUS FIELDS.**

**WHERE APPLICABLE, REAL ESTATE TAX WILL BE ENTERED ON THE RENT TAB.**

Your organization can only enter an Invoice Amount on a line that is less than or equal to the Remaining Amount.

Repeat the previous steps for the **Utilities, Professional Services, Contracted Services, and Indirect Rate** tabs.

**YOU CANNOT INVOICE AGAINST THE RATE, UNALLOCATED FUNDS, OR PROGRAM INCOME TABS.**

Click on the **“Rent”** tab.

OTPS - Rent							
	Locations	Management Company Name	Property Owner	Public School Space	% Charged to Contract	Remaining Amount	Invoice Amount
-	Rent					\$30,000.00	\$3,000.00
	140 Hoyt, BK	ABC Company	Jane Smith	No	100.00%	\$30,000.00	\$3,000.00

Rent includes all rent paid by a program for all sites utilized by that program. The **Rent Tab** is where you will invoice for your **Rent and Debt Service Costs**, and where applicable, **Real Estate Taxes**.

Click on the **“+”** symbol next to the **Rent** row to expand the grid.

Double click and enter a value in the **“Invoice Amount”** box, and then click **“Enter”**.

Click on the **“Milestone”** tab.

Milestone			
	Milestone	Remaining Amount	Invoice Amount
-	Milestone	\$30,000.00	\$20,000.00
	Make Housing Placements	\$30,000.00	\$20,000.00

The **“Milestone”** tab is only utilized by **Homebase** Providers.

Homebase Providers are to use the milestone tab when invoicing for **Household Assistance** costs. A separate line should be used for single adults, and a separate line for families with children.

Click on the **“+”** symbol next to the **Milestone** row to expand the grid.

Double click and enter a value in the **“Invoice Amount”** box, and then click **“Enter”**.

Next, click on the **“Budget Summary”** tab

Line Item	FY Budget	YTD Invoiced Amount	Remaining Amount	Invoice Amount
- Total City Funded Budget	\$300,000.00	\$0.00	\$300,000.00	\$63,500.00
<b>Total Direct Costs</b>	<b>\$280,000.00</b>	<b>\$0.00</b>	<b>\$280,000.00</b>	<b>\$60,500.00</b>
- Total Salary and Fringe	\$163,000.00	\$0.00	\$163,000.00	\$16,600.00
Total Salary	\$157,000.00	\$0.00	\$157,000.00	\$16,400.00
Total Fringe	\$6,000.00	\$0.00	\$6,000.00	\$200.00
- Total OTPS	\$62,000.00	\$0.00	\$62,000.00	\$8,900.00
Operations, Support and Equipment	\$4,900.00	\$0.00	\$4,900.00	\$870.00
Utilities	\$4,000.00	\$0.00	\$4,000.00	\$1,300.00
Professional Services	\$2,100.00	\$0.00	\$2,100.00	\$530.00
Rent and Occupancy	\$30,000.00	\$0.00	\$30,000.00	\$3,000.00
Contracted Services	\$21,000.00	\$0.00	\$21,000.00	\$3,200.00
<b>Total Rate Based</b>	<b>\$25,000.00</b>	<b>\$0.00</b>	<b>\$25,000.00</b>	<b>\$15,000.00</b>
<b>Total Milestone Based</b>	<b>\$30,000.00</b>	<b>\$0.00</b>	<b>\$30,000.00</b>	<b>\$20,000.00</b>
<b>Unallocated Funds</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Indirect Costs</b>	<b>\$20,000.00</b>	<b>\$0.00</b>	<b>\$20,000.00</b>	<b>\$3,000.00</b>
<b>Total Program Income</b> (Excluded from City Funded Budget; Not Invoiced)	<b>\$40,000.00</b>	<b>\$0.00</b>	<b>\$40,000.00</b>	<b>\$4,000.00</b>
<b>Total Program Budget</b> (City Funded Budget + Program Income)	<b>\$340,000.00</b>	<b>\$0.00</b>	<b>\$340,000.00</b>	<b>\$67,500.00</b>

From the **Budget Summary** tab, the overall budget and invoice is displayed.

To review additional details about the budget breakdown, click the **“+”** symbol next to the **Total City Funded Budget** row to expand the grid.

DHS can request back up documentation to support your invoices.

If requested, to upload these documents click on the **“Documents”** blue header to open the documents section.

**Fiscal Year Budget Information**

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount	Cash Balance
07/01/2014	06/30/2015	\$300,000.00	\$0.00	\$300,000.00	\$0.00	\$300,000.00

**Invoice Information**

Invoice Number: 140400040  
 Provider Invoice Number: HFJS29S  
 Service Date From: 07/01/2014  
 Invoice Submission Date: N/A  
 Agency Invoice Number:  
 Service Date To: 07/31/2014  
 Invoice Approved Date: N/A

Description	Amount
Invoice Total	\$63,500.00
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
<b>Total Proposed Payment to Vendor</b>	<b>\$63,500.00</b>

Save Submit

**Fy2015** \$300,000.00

Documents  
 Advances  
 Assignments

Comments View Comments History Save

Enter any comments:  
 Click the 'Save' button above to save your comments.

Click on the “Upload New Document” button.

**Documents**

Add Document from Vault Upload New Document

Document Name	Document Type	Attached By	Attachment Date	Actions
No documents have been uploaded yet...				

Select the “Document Type” from the drop down menu.

The screenshot shows the 'Upload Document' window with 'Step 1: File Selection' active. The 'Document Category' is set to 'Financials'. The 'Document Type' dropdown menu is open, displaying a list of document types. An arrow points to the dropdown menu.

Click the “Browse” button and select the document. Enter the “Document Name”. The document name can’t be the same as previous documents.

The screenshot shows the 'Upload Document' window with 'Step 1: File Selection' active. The 'Document Category' is 'Financials' and 'Document Type' is 'Paystubs'. The 'Select the file to upload' field shows a file path and a 'Browse...' button. The 'Document Name' field contains 'Paystubs July 2014'. Arrows point to the 'Browse...' button, the 'Document Name' field, and the 'Next' button.

Click “Next”.

Click “Upload Document”.

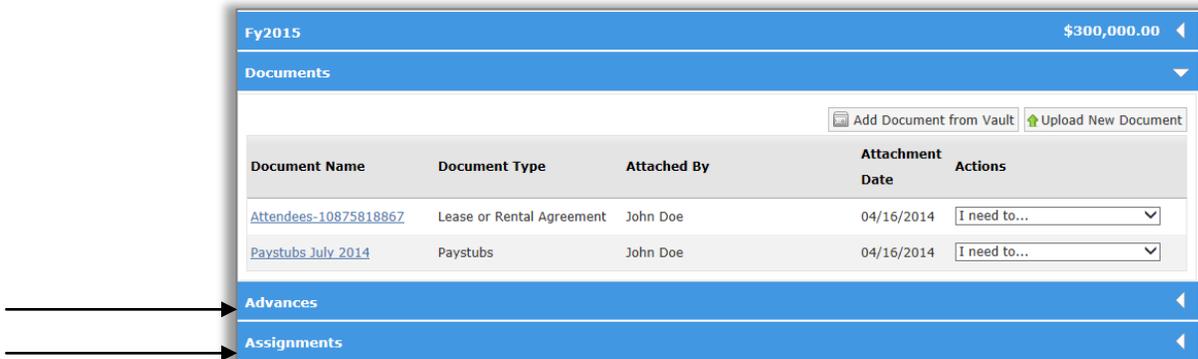
The screenshot shows the 'Upload Document' window with 'Step 2: Document Information' active. The 'Document Category' is 'Financials', 'Document Type' is 'Paystubs', 'Document Name' is 'Paystubs July 2014', and 'File Type' is 'PDF'. The 'Upload Document' button is highlighted. An arrow points to the 'Upload Document' button.

A green message bar will appear stating that the “Document uploaded successfully”.



Repeat the process for each document you upload.

If your organization has an approved **Advance**, it can be tracked from this section of the invoice.



Click on the “**Advances**” blue header to open the advances widget.

When the Agency reviews the invoice, we will recoup Advances based on the agreed to recoupment schedule. (See pages 35-36 for how to request an advance).

Next, click on the “**Assignments**” blue header to open the assignments widget.

When reviewing the invoice, DHS will add any Assignments for the funds they have previously agreed to.

**Assignments**

Assignments	YTD Assignment Amount	Invoice Amount
+ Assignments	\$0.00	\$0.00

[Add Assignee](#)

**Comments** [View Comments History](#) [Save](#)

Enter any comments:  
Click the 'Save' button above to save your comments.

If you have any comments you would like to include with your invoice, click on the “Comments” tab on the bottom of the invoice and enter them there. Once you are done click ‘Save’.

Once your invoice is complete, click “Submit”.

**Contract Invoicing** [Return to Invoice List](#) Status: Pending Submission

**Contract Information**

<b>Agency:</b> Administration for Children's Services (ACS)	<b>CT#:</b> CT10220201407
<b>Procurement/Contract Title:</b> PROV - Finance ACS #11	<b>Contract Start Date:</b> 07/01/2014
<b>Provider:</b> Training Provider 1	<b>Contract End Date:</b> 06/30/2017
<b>Procurement E-PIN:</b> UAT1000	<b>Contract Amount:</b> \$1,000,000.00
<b>Award E-PIN:</b> UAT1000	<b>Program Name:</b> Universal Pre-Kindergarten Services (UPK): Child Care

**Fiscal Year Budget Information**

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount	Cash Balance
07/01/2014	06/30/2015	\$300,000.00	\$0.00	\$300,000.00	\$0.00	\$300,000.00

**Invoice Information**

<b>Invoice Number:</b> 140400040	<b>Agency Invoice Number:</b>
<b>Provider Invoice Number:</b> HFJS295	<b>Service Date From:</b> 07/01/2014
<b>Service Date To:</b> 07/31/2014	<b>Invoice Approved Date:</b> N/A
<b>Invoice Submission Date:</b> N/A	

Description	Amount
Invoice Total	\$63,500.00
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
<b>Total Proposed Payment to Vendor</b>	<b>\$63,500.00</b>

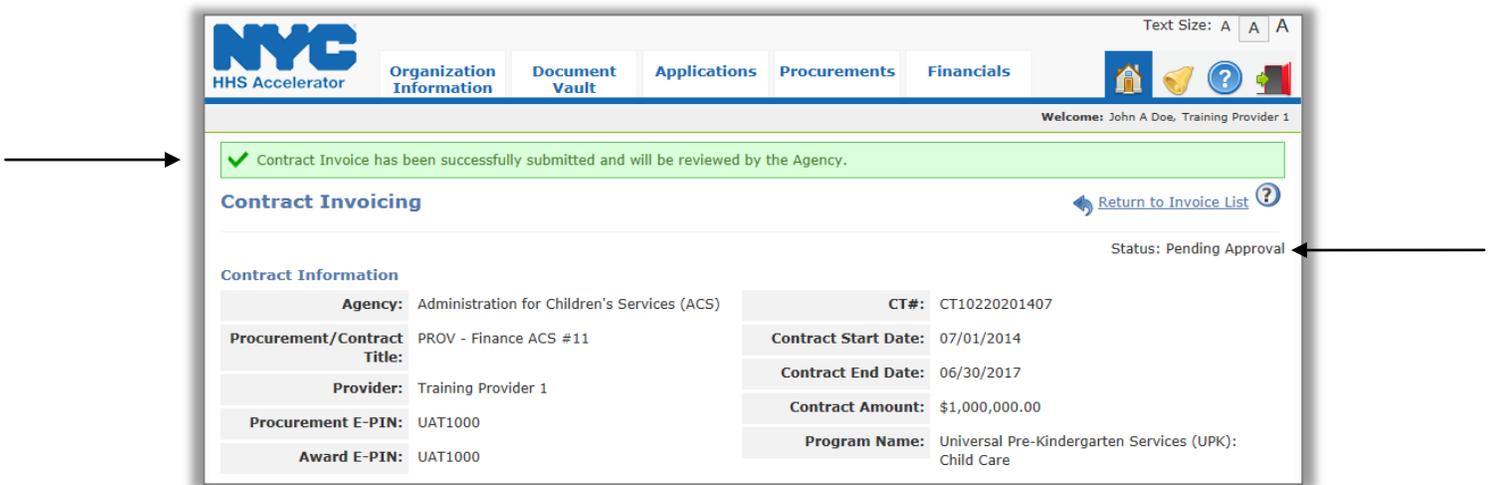
[Save](#) [Submit](#)

You will have to confirm your submission to complete the process. Once you check off the box stating that you “agree to submit this Invoice to the Agency for Review”, you will need to enter your **User Name and Password**. Entering your User Name and Password serves as your **Provider Certification of**

**Billing**, which was a written statement in our previous paper process. Once you have entered your User Name and Password, click **“Yes, submit this Invoice”**.



A green message bar will confirm that your invoice was successfully submitted and will be reviewed by the Agency.



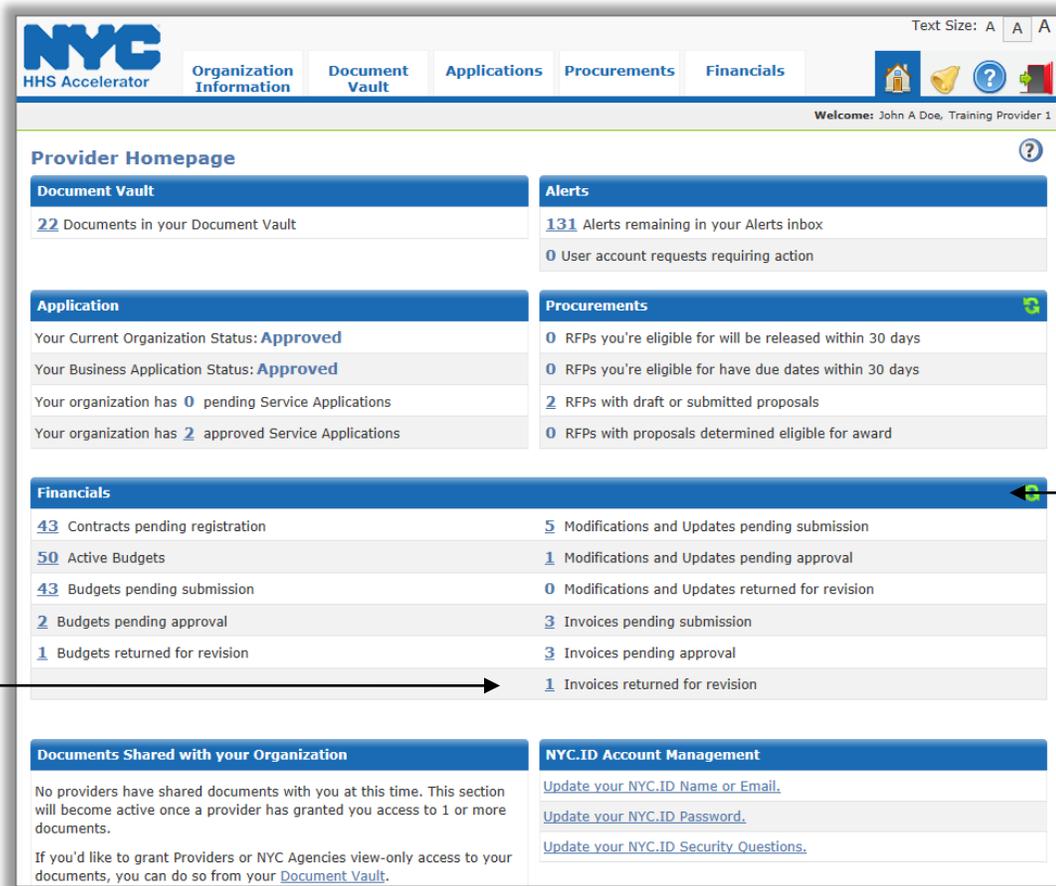
Once your invoice has been submitted, the Invoice Status will change to Pending Approval.

DHS will either approve the invoice or return it for revision. You will receive notifications and alerts in the system and in your email inbox, if actions are required by your organization.

### 6.1 Revising an Invoice

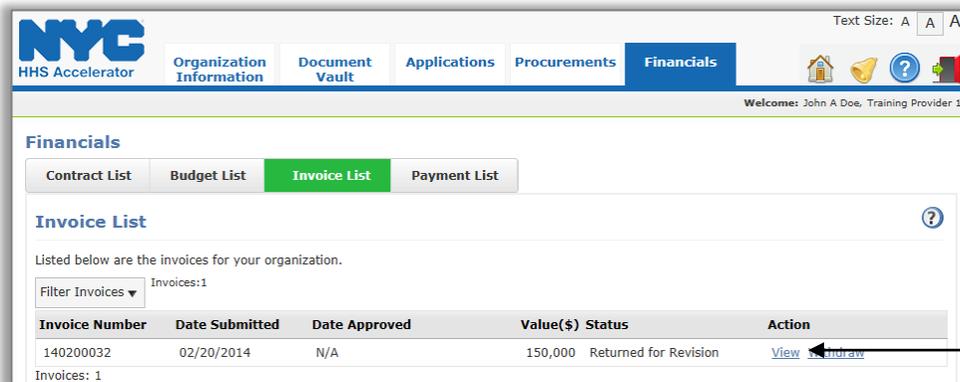
If your invoice is returned for revisions, your organization must make the appropriate revisions and resubmit the invoice.

When you log into the system, click on the **“Refresh”** icon on the Financials section of the homepage.



Click on the number hyperlink for “**Invoices Returned for Revision**”. This will take you to the **Invoice List Tab**.

Select “**View**” from the Action menu for the invoice you would like to view.



Click “**View Comments History**” tab to see why the Agency returned the invoice for revisions.

**Contract Invoicing** Return to Invoice List

Status: Returned for Revision

**Contract Information**

Agency:	Administration for Children's Services (ACS)	CT#:	CT10220201410
Procurement/Contract Title:	PROV - Finance ACS #14b	Contract Start Date:	07/01/2014
Provider:	Training Provider 1	Contract End Date:	06/30/2017
Procurement E-PIN:	UAT1113	Contract Amount:	\$1,000,000.00
Award E-PIN:	UAT1113	Program Name:	Universal Pre-Kindergarten Services (UPK): Head Start

**Fiscal Year Budget Information**

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount	Cash Balance
07/01/2014	06/30/2015	\$300,000.00	\$0.00	\$300,000.00	\$0.00	\$300,000.00

**Invoice Information**

Invoice Number:	140200032	Agency Invoice Number:	
Provider Invoice Number:	ATHD20202	Service Date From:	07/01/2014
Service Date To:	07/31/2014	Invoice Submission Date:	02/20/2014
Invoice Approved Date:	N/A		

Description	Amount
Invoice Total	\$150,000.00
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
<b>Total Proposed Payment to Vendor</b>	<b>\$150,000.00</b>

Save Submit

**FY2015** \$300,000.00

Documents

Advances

Assignments

Comments View Comments History

Enter any comments:  
Click the 'Save' button above to save your comments.

Review the Agency comments on the invoice.

Comments View Comments History

**Comment History:**

Type	Detail	User	Date/Time
Status Change	Status Changed from 'Pending Approval' to 'Returned for Revision'	ACS FINANCIALSTAFF	02/20/2014 15:27 EST
Agency Comments	You should not expense your entire salary budget for one invoice period (month). It should be paid out in increments throughout the year.	ACS FINANCIALSTAFF	02/20/2014 15:27 EST
Status Change	Status Changed from 'Pending Submission' To 'Pending Approval'	John A Doe	02/20/2014 15:05 EST

In this example, the Agency comments request revisions for Personnel services. Review the comments and then proceed to edit the invoice details in the appropriate tab(s).

Click on the first blue bar to expand the **“Budget Summary”** section.

Then, click on the tab of the invoice that you wish to edit. Following the provided sample, click on **Personnel Services**.

Click on the **“+”** symbol next to Salaried Employees Total to expand the grid.

Double click on the existing row Salaried Employee to activate it and enter the adjusted value in the **“Invoice Amount”** box.

Click **“Save”**.

Complete this process for each item that needs to be changed on the invoice. Once all of your changes have been made click on the **“Budget Summary”** tab to confirm all of the changed items have been picked up. If all of the information is correct click **“Save”** and then **“Submit”**.

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount	Cash Balance
07/01/2014	06/30/2015	\$300,000.00	\$0.00	\$300,000.00	\$0.00	\$300,000.00

Description	Amount
Invoice Total	\$12,000.00
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
<b>Total Proposed Payment to Vendor</b>	<b>\$12,000.00</b>

Line Item	FY Budget	YTD Invoiced Amount	Remaining Amount	Invoice Amount
+ Total City Funded Budget	\$300,000.00	\$0.00	\$300,000.00	\$12,000.00
Total Program Income (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Program Budget (City Funded Budget + Program Income)</b>	<b>\$300,000.00</b>	<b>\$0.00</b>	<b>\$300,000.00</b>	<b>\$12,000.00</b>

When you click on the **“Submit”** button a box will pop up to confirm your submission. Select the box to indicate that you agree to submit the Invoice to the Agency for review.

**Confirm Submission**

**Submit Invoice**

Are you sure you want to submit this Invoice?

I agree to submit this Invoice to the Agency for review.

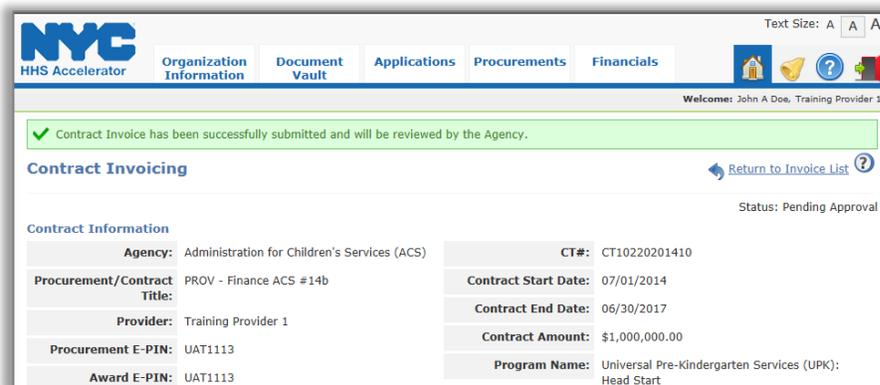
\* User Name:

\* Password:

Enter your **“User Name”** and **“Password”** as your signature.

Click **“Yes, submit this Invoice”** at the bottom of the screen.

A green message bar will confirm that your invoice was successfully submitted and will be reviewed by the Agency.



Please note that your organization can delete invoices that are “Pending Submission” and can withdraw invoices that have been “Returned for Revisions”. This can be managed from the Invoice List in the Financials tab.

## 7. Annual Close-Out/Final Payment

The Annual Close out Procedures and Final Payment section is currently under review. Updates to the procedures will be released in Spring 2015.

### 7.1. SRO Contracts

SRO Providers must submit their final budget modification no later than **July 15th**. **No extension will be permitted.** After the final budget modification is approved, Providers must submit a final invoice within two (2) business days. Providers are cautioned to ensure that the final invoice is complete and accurate because DHS will not accept further submissions after the deadline. Providers may only invoice for actual services or goods delivered within the fiscal year (July 1-June 30).

Contracts that terminate and are renewed for the same program in the middle of the fiscal year will be closed-out at contract termination.

### 7.2. Expense-based Contracts

Providers with Expense-Based Contracts must submit their final budget modification no later than **September 1** (or the next business day(s) if 9/1 falls on a weekend). If the Provider is not able to meet this deadline, a written request for an extension must be submitted to the Program Analyst with a copy to Budget by August 15 (or the next business day(s) if 8/15 falls on a weekend). The request for an extension must explain in detail why the extension is necessary and it must be signed by the Provider’s Executive Director. If the final budget modification is not received by the deadline (or extended deadline if approved by DHS), the contract will be closed-out based on the last active budget in Accelerator. No further payments for that fiscal year will be made for budget modifications that are received after the applicable deadline.

Additionally, Providers are cautioned to ensure that the final invoice is completed and accurate because DHS will not accept further submissions after the deadline. Providers may only invoice for actual services or goods delivered within the fiscal year (July 1-June 30).

After the final budget modification is approved, Providers must submit a final invoice within 3-5 business days.

Contracts that terminate and are renewed for the same program in the middle of the fiscal year will be closed-out at contract termination.

### **7.3. Rate-Based Contracts**

Providers with Rate-Based Contracts must submit their final budget modification no later than **September 1** (or the next business day(s) if 9/1 falls on a weekend). If the Provider is not able to meet this deadline, a written request for an extension must be submitted to the Program Analyst with a copy to Budget by August 15 (or the next business day(s) if 8/15 falls on a weekend). The request for an extension must explain in detail why the extension is necessary and it must be signed by the Provider's Executive Director. If the final budget modification is not received by the deadline (or extended deadline if approved by DHS), the contract will be closed-out based on the last active budget in Accelerator. No further payments for that fiscal year will be made for budget modifications that are received after the applicable deadline.

Additionally, Providers are cautioned to ensure that the final invoice is completed and accurate because DHS will not accept further submissions after the deadline. Providers may only invoice for actual services or goods delivered within the fiscal year (July 1-June 30).

After the final budget modification is approved, Providers must submit a final invoice within 3-5 business days.

Rate based contracts are also subject to the minimum utilization requirements. Providers that fail to meet these targets may not earn their full annual budget. These utilization earnings will be recorded in Accelerator in the public comments section of the Final Budget Modification. Any invoices in excess will be returned back to the Provider for revision.

Contracts that terminate and are renewed for the same program in the middle of the fiscal year will be closed-out at contract termination.

### **7.4. Accrued Expenses**

The final invoice may include goods and services which were received on or before June 30 but for which the Provider has not yet issued a payment (accrued expenses). Providers are permitted to bill DHS for accrued expenses only with the June invoice. This invoice should include all unpaid liabilities as of June 30. If any accrued expenses are included in the final invoice, the Provider must also submit a detailed itemization of the accrued expenses. The Provider must update the report showing which accruals were liquidated on a monthly basis until all of the accruals are liquidated. The Provider must ensure that DHS is not over billed for these expenses.

## **8. Audits**

The Office of Finance may conduct periodic desk audits of invoices submitted by Providers. Finance will notify each Provider which period is being audited and what supporting documentation must be submitted. The focus of the audits will generally be on specific lines in the budget which represent a significant amount of expenditure or a significant risk; however, the Department reserves the right to increase, decrease or otherwise change the number or the scope of its audits for any Provider.

DHS Audit Services routinely conducts annual financial and compliance audits of Providers through its contracted CPA firms. Over a three year cycle, it is expected that each Provider will be audited at least once. While these audits will continue, DHS also conducts Expenditure Reviews. This engagement entails the review of at least one month's expenses from the current year or a prior fiscal year to verify that these expenditures are accurately supported by adequate documentation. Thereafter, similar reviews will be undertaken with the goal of reviewing at some point all Providers.

Each review will determine and report whether:

1. The Provider's expenditures were supported by documentation.
2. The expenditures were made for services that met contractual stipulations or approved by responsible DHS officials.

Providers selected for review will be informed a week prior to the entrance conference. Entrance conferences will be held and a list of deliverables shared. Within two to three days the field work will begin. At the conclusion of the review, the results will be discussed with the Auditee and a report issued. From the date of issuance, Providers will have two weeks to respond to the findings and recommendations. Thereafter, a final report will be issued.

The review shall provide DHS with information, proof, and assurance that the funds spent by the Provider were generally supported by adequate documentation and properly authorized. Furthermore, depending on the findings, DHS reserves the right to expand the scope of the review.

## **9. Administrative Overhead**

Certain programs receive reimbursement for administrative overhead expenses. An allocation for these expenses is included in the approved Annual Contract Budget Review. Providers should invoice DHS for the amount of overhead actually spent up to the budgeted amount in accordance with the allocation plan in the Annual Review Budget.

## **10. Start-up Funds**

When a new facility or program is opened, the Provider may be given start-up funds in the contract budget to pay for personnel, materials and supplies which are necessary to make the facility or program operational.

The Start-up budget is negotiated as part of contract negotiations. Providers may request up to 2/12ths of the annual contract budget. Once established, the Start-up budget is submitted to DHS through the HHS Accelerator System. For information about Start-up see page 47.

### **10.1. Tier II Shelters**

According to State regulation, start-up costs in Tier II facilities are to be amortized over a five year period. Start-up costs include all payments that are made prior to the facility opening including salaries, utilities, insurance, rent, employee training, repairs and maintenance, and any other allowable costs incident to the start-up period. The State has capped start-up costs to no more than 90 days prior to opening for charges related to administrative salaries, utilities, rent and building security. All other salaried positions are limited to 14 days prior to opening. The payment of these costs will be included in the per diem rate for the five year amortization period.

### **10.2. Programs Other Than Tier II Shelters**

Unless otherwise specified in the contract, DHS will advance 50% of the start-up budget for programs other than Tier II Shelters to the Provider at or prior to the start-up period specified in the contract. The Provider can make this request by submitting an Advance Request in the HHS Accelerator System. For information on how to submit an advance request see pages 35-36.

When all or a significant portion of the funds have been expended from the approved start-up budget, the Provider must submit an invoice which details the line item spending. Providers will submit invoices in Accelerator. Invoices must reflect actual expenditures. The Advance will be recouped at this time. For information on submitting an invoice see pages 53-67.

## **IV. LIMITATIONS OF USE OF FUNDS**

### **Extent of competition required**

Provider shall retain records which detail the method of procurement, the basis for selection or rejection of a Provider, consultant or supplier and the basis for the contract price. If Federal or State Laws require procurement methods other than those set forth herein, then Provider shall also comply with such procurement methods.

**V. ATTACHMENTS AND APPENDICES**

**Appendix I: List of Approved DHS Titles**

**Appendix II: Introduction to the Document Vault**

**Attachment 1: Fringe Worksheet**

**Attachment 2: Debt Service/Start Up Amortization Worksheet**

**Attachment 3: Allocation Methodology**

**Attachment 4: Justification Worksheet**

**Attachment 5: Indirect Cost Overhead Worksheet**

**Attachment 6: Contracted Medical Worksheet**

**Attachment 7: Audit Fee Methodology Worksheet**

**Attachment 8: NYS Insurance Attestation Form**

**Attachment 9: Insurance Addendum Worksheet**

**Attachment 10: Affirmation of Bank Account Worksheet**

**Attachment 11: Bank Authorization Worksheet**

**Attachment 12: New Need Request Form**

APPENDIX I

DHS LIST OF APPROVED TITLES

Accountant	Data Entry Clerk
Accountant/Bookkeeper	Daycare Worker
Administrative Assistant	Deputy Director
Administrator	Deputy Program Coordinator
After School Program Director	Dietician/Nutritionist
Assistant Bookkeeper	Director
Assistant Cook/Meal Preparer	Director of Division
Assistant Coordinator	Director of Finance
Assistant Director	Director of Personnel
Assistant Executive Director	Director of Program And Job Development
Assistant Manager	Director of Program Operations
Assistant Mental Hygiene Director	Dispatcher
Assistant Program Director	Doctor
Assistant Supervisor	Driver
Associate Director	Education Coordinator (Teacher License)
Associate Medical Director	Education Specialist
Attendant	Employment/Education Specialist
Attorney	Escort
Bilingual Specialist	Evaluator
Case Manager	Executive Assistant
Case Manager Supervisor	Executive Director
Case Planner/Worker	Facilitator
Child Care Provider	Facility Manager/Coordinator
Clerical Associate	Family Counselor/Therapist
Clerk	Family Worker
Clinical Coordinator	Fiscal Officer
Clinical Practitioner	Group Leader
Community Associate/Aide/Partner	Group Worker
Community Benefits Specialist	Health Counselor
Compliance Specialist	House Manager
Comptroller/Controller	Housekeeper
Computer/Data/Statistical Specialist	Housekeeping and Maintenance
Contract Manager	Housing Specialist
Cook	Instructor
Coordinator	Intake Specialist
Counseling Aide/Assistant-Alcoholism and Substance Abuse	IT Technician
Counseling Specialist	Job Developer
Counselor-Alcoholism and Substance Abuse	Job Readiness Counselor
Counselor-Rehabilitation (Master's Level)	Kitchen Aide
Custodian Assistant/Aide	Legal Assistant
Data Analyst	Maintenance Custodian Manager

Nurse-Licensed Practical	Secretary
Nurse Practitioner/Nursing Supervisor	Security
Nurse/Registered Nurse	Senior Accountant
Nurses Aide/Medical Aide	Senior Aide
Office Worker (Agency Administration)	Senior Case Manager
Operations Coordinator	Senior Manager
Outreach Specialist	Senior Staff Attorney
Pharmacist	Services Coordinator
Physician-MD	Social Worker, Certified (CSW)
Physician's Assistant	Social Worker/ Social Worker Masters Level
Porter	Staff Attorney
Program Assistant/Aide	Street Worker
Program Coordinator	Supervising Attorney
Program Director	Supervisor
Program Director Assistant	Teacher-Other
Project Manager	Teacher Aide
Psychiatrist	Teacher Aide/Assistant - Substitute
Psychologist (Licensed)	Teacher Assistant
Psychology Worker/Other Behavioral Worker	Team Leader
Quality Assurance Manager	Therapist
Receptionist	Therapist-Speech
Recreation Coordinator	Timekeeper/Coordinator
Reengagement/Retention Staff	Transitional Planner
Regional Director	Transportation Coordinator
Residence Worker	

APPENDIX II

Introduction to the Document Vault



**Introduction to the Document Vault**

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**To access the guide double click on the NYC HHS ACCELERATOR LOGO or go to:**

<http://www.nyc.gov/html/hhsaccelerator/downloads/pdf/Introduction%20to%20the%20Document%20Vault.pdf>

ATTACHMENT 1: FRINGE WORKSHEET



FRINGE BENEFITS WORKSHEET

Agency/Provider: \_\_\_\_\_  
 Facility: \_\_\_\_\_

FY'15 FRINGE BENEFITS WORKSHEET

Subtotal Personnel		\$0
	Percentage Of Total PS Budget	Total Amount
FICA	#DIV/0!	\$0
Health	#DIV/0!	\$0
Other ( Specify)	#DIV/0!	\$0
Other ( Specify)	#DIV/0!	\$0
Other ( Specify)	#DIV/0!	\$0
Other ( Specify)	#DIV/0!	\$0
<b>Total</b>	#DIV/0!	<b>\$0</b>
<b>Total Fringe Benefits Charged to DHS's PS Contract</b>	#DIV/0!	<b>\$0</b>
Employees Contribute to benefits:	( )	Yes
	( )	No

**ATTACHMENT 2: DEBT SERVICE/START UP AMORITZATION WORKSHEET**



DEBT SERVICE / START-UP AMORTIZATION WORKSHEET

Agency/Provider: \_\_\_\_\_  
 Facility: \_\_\_\_\_

FY15 DEBT SERVICE / START-UP AMORTIZATION WORKSHEET

LENDER'S NAME / ADDRESS	TOTAL DEBT		START DATE MONTH / DAY / YEAR	END DATE MONTH / DAY / YEAR	MONTHLY PAYMENT	YEARLY AMOUNT		DEBT SERVICE BALANCE AS OF 06/30/15	PLEASE INDICATE IF THIS IS DEBT SERVICE OR START UP
	SERVICE AMOUNT (Principle & Interest)	TOTAL NUMBER YEARS / MONTHS				REQUESTED ON ANNUAL CONTRACT BUDGET	DEBT SERVICE BALANCE AS OF 07/01/14		



ATTACHMENT 4: JUSTIFICATION WORKSHEET



JUSTIFICATION WORKSHEET

Agency/Provider: \_\_\_\_\_  
Facility: \_\_\_\_\_

FY'15 JUSTIFICATION WORKSHEET  
FOR CHANGES EXCEEDING \$5,000 OR 10%

Category	Dollar Change	% Change	Justification



ATTACHMENT 6: CONTRACTED MEDICAL WORKSHEET



CONTRACTED MEDICAL WORKSHEET

Agency/Provider: \_\_\_\_\_  
 Facility: \_\_\_\_\_

FY'15 CONTRACTED MEDICAL WORKSHEET

PS LINES

<u>POSITION/TITLE</u>	<u>FTES</u>	<u>SALARY</u>	<u>AMT. CHARGED TO DHS BUDGET</u>
SUBTOTAL PS			\$ _____
TOTAL FRINGE BENEFITS:			\$ _____
% FRINGE BENEFITS:			% _____
TOTAL PERSONNEL SERVICES:			\$ _____

<u>OTHER THAN PERSONNEL SERVICES (OTPS)</u>		<u>TOTAL AMT. CHARGED TO DHS BUDGET</u>
TOTAL OTPS AMOUNT	\$ _____	\$ _____
REVENUE:		\$ _____
GRAND TOTAL: (contracted medical budget)		\$ _____

**ATTACHMENT 7: AUDIT FEE METHODOLOGY WORKSHEET**



**AUDIT FEE METHODOLOGY WORKSHEET**

Agency/Provider: \_\_\_\_\_  
 Facility: \_\_\_\_\_

**FY'15 AUDIT FEE METHODOLOGY WORKSHEET**

Please list the source and amount of all federal funds that your organization will receive from DHS for its fiscal year 2015 ending 6/30/2015  
 Month / Date / Year

Grantor / Pass-Through Grantor (funding source - list each program)	Federal Program Title	Federal CFDA Number	Total Federal Award Amount	Actual/Projected Expenditure of Award Amount (see instructions)	Specify Allocation Methodology and Audit Fee Calculation
Department of Homeless Services					

DHS AUDIT FEE AMOUNT \$0

**CPA FIRM DATA**

Please supply the following information regarding the CPA firm with which you have contracted with to audit your organization.

NAME OF FIRM: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ FAX # \_\_\_\_\_  
 CONTACT: \_\_\_\_\_

**ATTACHMENT 8: NYS INSURANCE ATTESTATION FORM**



Insurance Attestation Work Sheet

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
BUREAU OF SHELTER SERVICES  
INSURANCE ATTESTATION FORM**

Program/Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Provider: \_\_\_\_\_  
 Program/Facility Type: \_\_\_\_\_  
 Fiscal Year: (MMDD/YY) From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Insurance	Insurance Company	Policy Number	Insured Period	Annual Premium	Percentage of Total Charged to Homeless Shelter	Cost Allocation Method	Total Charged to Homeless shelter
Property Insurance Listed insured Address	_____	_____	_____	_____	0.00%	_____	\$0
General Liability/ Umbrella Listed insured Address	_____	_____	_____	_____	0.00%	_____	\$0
Automobile Insurance Listed insured Vehicle ID number	_____	_____	_____	_____	0.00%	_____	\$0
Professional Liability Total number of clients and FT staff	_____	_____	_____	_____	0.00%	_____	\$0
Boiler Insurance	_____	_____	_____	_____	0.00%	_____	\$0
Other Insurance	_____	_____	_____	_____	0.00%	_____	\$0
<b>Total Insurance cost charged to Homeless shelter</b>							<b>\$0</b>

Submit a copy of the declaration page for each coverage, containing the following information: policy number, period of coverage, premium amounts, and annual premium.

**Notes:**

1. If more than one building is insured, attach the individual declaration page for each building along with addresses and the number of units at each site.
2. Attach the declaration page that lists all the insured vehicles along with corresponding identification numbers.

Please attach an additional sheet if more space is needed.

**Provider Certification**

I certify that the insurance cost coverages and allocations listed above are correct; that policies listed above will be paid in full in the stated amounts and that monies claimed on a per diem basis for insurance will not supplant other available funds or in kind assistance. I declare that I have examined this form and attachments, and to the best of my knowledge and belief, they are true, correct, and complete. I understand that this program/agency may be audited by the New York State Office of Temporary and Disability Assistance (OTDA) and that back-up documentation of insurance costs and payments must be retained for at least 24 months.

To be signed by the Chief Financial Officer or the Executive Director:

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

**ATTACHMENT 9: INSURANCE ADDENDUM WORKSHEET**



**INSURANCE ADDENDUM WORKSHEET**

Agency/Provider: \_\_\_\_\_

Facility: \_\_\_\_\_

**FY 15 INSURANCE ADDENDUM WORKSHEET**  
(Additional Information for Insurance Charged to DHS's Contract)

TYPE OF INSURANCE	EXPLANATION

Broker's Name \_\_\_\_\_

Broker's Address \_\_\_\_\_

Total Sq. Ft. Of Program Site \_\_\_\_\_

Total Number Of Employees At Program Site \_\_\_\_\_

**For Family Programs:**

Avg. # of Children Served in the  
Childcare program per month: \_\_\_\_\_

#of Infants( age 0-3) \_\_\_\_\_

#of Pre-School( age 3-6) \_\_\_\_\_

Total # of Class Rooms \_\_\_\_\_

ATTACHMENT 10: AFFIRMATION OF BANK ACCOUNT WORKSHEET



**AFFIRMATION OF BANK ACCOUNT WORKSHEET**

Agency/Provider: \_\_\_\_\_

Facility: \_\_\_\_\_

**FY 15 AFFIRMATION OF BANK ACCOUNT WORKSHEET**

Provider Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Account(s) #: \_\_\_\_\_

I \_\_\_\_\_, am the financial officer for the above named organization.  
(insert name)

I affirm and declare that the above bank account(s), in which all funds received from the Department of Homeless Services are deposited, and have not changed in the past twelve months. I further affirm and declare that the "Application to Furnish Information and Transfer Funds" dated \_\_\_\_\_, is still valid.

\_\_\_\_\_  
Signature of Financial Officer

\_\_\_\_\_  
Date

**ATTACHMENT 11: BANK AUTHORIZATION WORKSHEET**



**BANK AUTHORIZATION WORKSHEET**

Agency/Provider: \_\_\_\_\_

Facility: \_\_\_\_\_

**BANK AUTHORIZATION WORKSHEET**

APPLICATION TO FURNISH INFORMATION AND TRANSFER FUNDS

Provider Agency: \_\_\_\_\_

Contract #: \_\_\_\_\_ 071- \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_

Bank Account(s) #: \_\_\_\_\_

The above account(s) maintained at your bank is comprised of funds received pursuant to a contract between the Undersigned and the City of New York acting through the Department of Homeless Services.

The Undersigned hereby authorizes, empowers and directs your bank to forthwith comply with any written request made by the Department of Homeless Services to furnish any bank statements, cancelled checks or other information in your possession or control relating to the above account.

The Undersigned hereby authorizes, empowers and directs your bank to forthwith comply with any written request made by the Department of Homeless Services to transfer part of the balance of funds remaining in the account(s) to the Department of Homeless Services.

Provider Agency \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Accepted \_\_\_\_\_

Bank \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**ATTACHMENT 12: NEW NEED REQUEST FORM**

DEPARTMENT OF HOMELESS SERVICES

**HUMAN SERVICE PROVIDERS NEW NEED REQUEST FORM**

<b>I. Nature of the Request (Provider to complete):</b>	
Provider:	Facility:
Provider's Contact:	Telephone #:
	E-mail Address:
Provider's Address:	
Provider's Signature:	Date of Request:
Title of Request:	
Amount Requested:	
Current Year: \$ _____	
Out-years: \$ _____	
Justification for Request/Calculation of Amount: (attach additional pages)	

<b>II. Acknowledgement of Receipt of the Request (Programs to complete):</b>	
<input type="checkbox"/> I received the above New Need Request.	Date Request Received:
Signature:	
Program Analyst	Date

<b>III. DHS Programmatic Recommendation (Programs to complete):</b>			
<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	<input type="checkbox"/> On Hold	
Reason for Recommendation:			
Signatures:			
Program Analyst	Date	Program Administrator	Date
Assistant Commissioner	Date		

<b>IV. DHS Budget Recommendation (Budget to complete for approved requests only):</b>			
	Amount Requested	Amount Funded	Budget / Object Code
Current Year	\$ _____	\$ _____	
Out-years	\$ _____	\$ _____	
<b>Fund Availability</b>		<b>Program's Actions</b>	
<input type="checkbox"/> Funds available	Programs to notify provider, begin contract amendment process, & obtain state approval, if applicable.		
<input type="checkbox"/> Request approved but funds currently unavailable	Programs to notify provider that request on hold.		
<input type="checkbox"/> Funds unavailable	Programs to notify provider that request cannot be funded.		
<input type="checkbox"/> Other (specify)			
Signatures:			
Budget Analyst	Date	Budget Director	Date