



Human Resources
Administration

Department of
Homeless Services

**Department of
Social Services**

**DHS Human Service
Providers
Fiscal Manual**

April 2019

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I. INTRODUCTION

The mission of the Department of Homeless Services (DHS), under the direction of the Department of Social Services (DSS), 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 that will assist them 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 Shelter Program Budget Office, within the Department of Homeless Services is responsible for overseeing the establishment and monitoring of all human services budgets. The Department of Social Services' Fiscal Operations is responsible 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), and Community Development Block Grant (CDBG).

II. BUDGET PROCEDURES

1. Annual Budget Contract Review

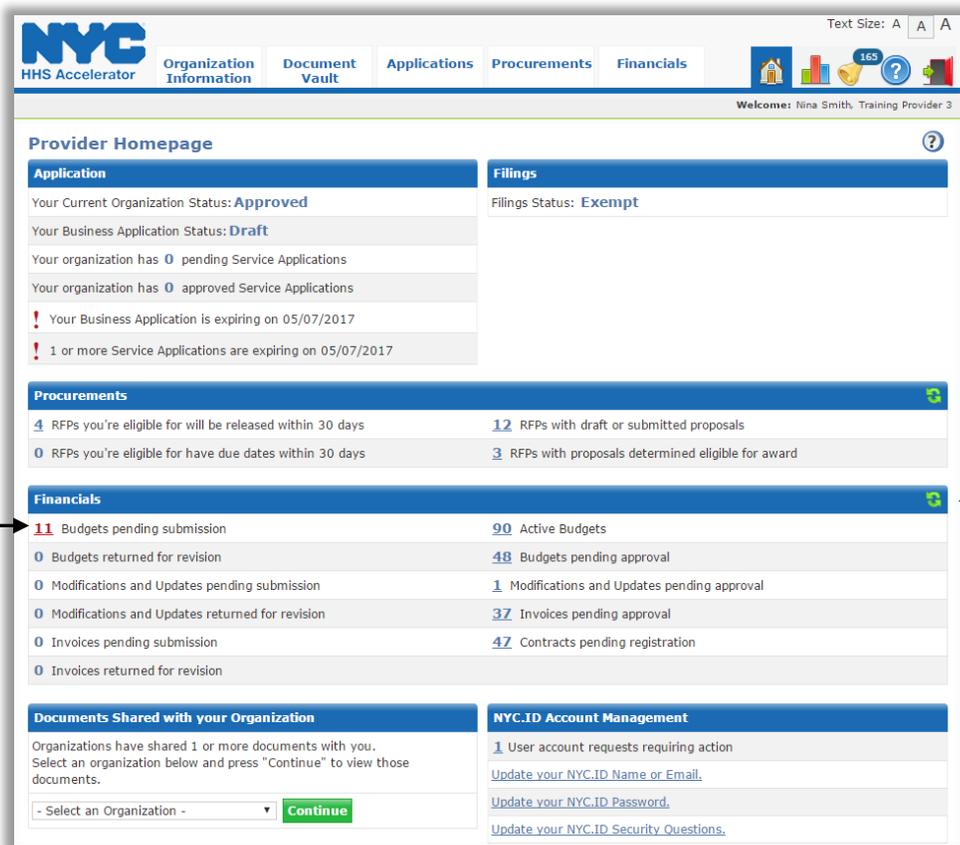
Once a year, DHS Human Services Providers are given the opportunity to work with DHS Program Staff and the DHS Shelter Program Budget Office to prepare a revised contract budget for the following fiscal year. The purpose of the annual contract budget review is to allow Providers to make adjustments to 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. The DHS Shelter Program Budget Office and the designated program area representatives review the proposed budget and work with each Provider on their budget for the new fiscal year.

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 to Managing Budgets.

DHS will be using the HHS Accelerator System to configure your contract for the upcoming fiscal year. 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.

The screenshot displays the 'Contract Budget' page in the NYC HHS Accelerator system. The page is titled 'Contract Budget' and includes a 'Return to Budget List' link. The contract information is as follows:

Agency:	Administration for Children's Services (ACS)	CT#:	Not Registered
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:	\$100,000.00
Award E-PIN:	0681412222001	Program Name:	Residential Care (RC)

The 'Fiscal Year Budget Information' table is shown below:

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

Below the table, there are four blue header tabs: 'Prov Demo - ACS Residential Care', 'Documents', 'Advances', and 'Assignments'. The 'Prov Demo - ACS Residential Care' tab is highlighted in blue and has a left-pointing arrow next to it, with an external arrow pointing to it from the right. Below the tabs are 'Comments' and 'Enter any comments:' sections.

Each tab on the budget is accessible and may be completed at any time and completed in any order.

Please note that **not** all tabs will be completed for your organization's budget. Additionally, a **justification worksheet** is required for any tabs that change by at least **10% or \$5,000** 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

+ 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

**DO NOT ENTER
INFORMATION IN
THE HOURLY
EMPLOYEES
FIELD**

**** DO NOT ENTER INFORMATION INTO THE HOURLY EMPLOYEES GRIDS.**

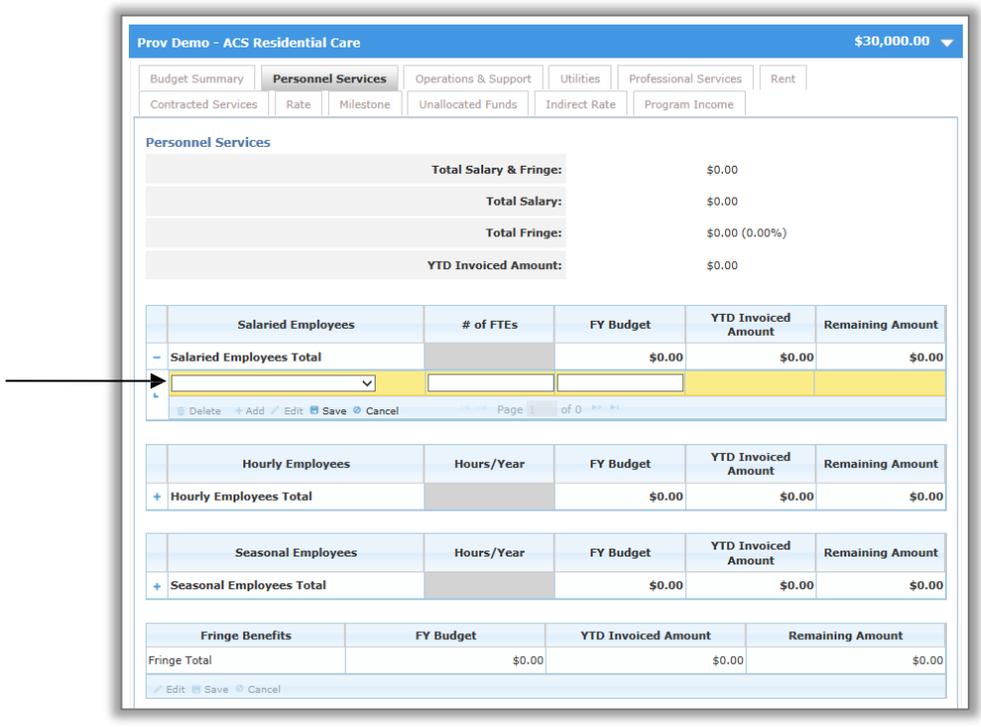
Click on the + symbol next to the Salaried Employees Total row to expand the grid.

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. Each employee will need to be entered separately. City Salary indicates the total cost of all employees (Salaried and Hourly Positions).

Next, click on the “Salaried Employees” drop down menu.



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

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

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)
Assistant Bookkeeper
Assistant Cook/Meal Preparer
Assistant Coordinator
Assistant Corporation Counsel/Senior Counsel
Assistant Director
Assistant Executive Director (602)
Assistant Manager
Assistant Mental Hygiene Director (702)
Assistant Principal (SED Only) (515)
Assistant Program Director (502)
Assistant Supervisor
Assistant Vice President
Associate Director
Associate Education Analyst
Associate Medical Director
Associate VP of Programs
Attendance Specialist
Attendant
Attorney
Bilingual Specialist

Docu...
Adv...
Assignments

The **Internal ID** field is optional and can be up to seven characters.

For **Annual Salary** enter the total salary earned from your organization. For **Annual Hours** enter the total hours the employee works for your organization.

Fulltime is calculated on the federal standard of 2,080 hours.

For the **FY Budget** enter the City Funded amount. Click **“Save”**

% City Funded will auto-populate once “Save” is clicked.

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	1.00	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”**.

Once all Positions, Fringe and Program Income are entered in the Detail View, click **“Summary View.”**

The Summary View tab consolidates positions of the same title entered in the Detail View tab.

Expand grids to view Position Titles, # Positions, and FY Budget which were entered on **“Detail View”** tab

To make changes, return to the **“Detail View”** tab and update as needed.

Fringe

All Providers must complete and attach the **Fringe 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 three tables for Salaried Employees, Hourly Employees, and Seasonal Employees, all showing zero values. At the bottom, a 'Fringe Benefits' table is expanded, showing a 'Fringe Total' row with columns for 'FY Budget', 'YTD Invoiced Amount', and 'Remaining Amount', all currently at \$0.00. A blue bar at the bottom contains 'Documents', 'Advances', and 'Assignments' sections. Two arrows point to the '+' symbol and the 'Save' button in the Fringe Benefits table.

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		

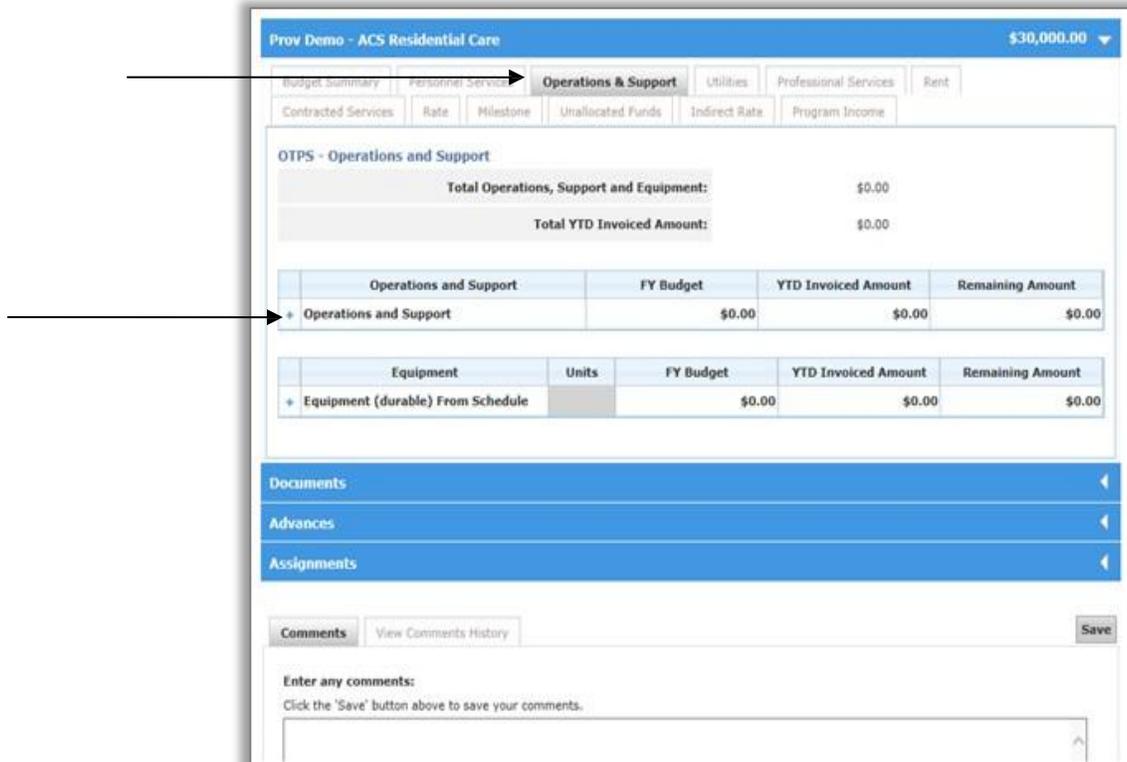
Hourly Employees	Hours/Year	FY Budget	YTD Invoiced Amount	Remaining Amount
+ Hourly Employees Total		\$0.00	\$0.00	\$0.00

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

Click “+” symbol next to Fringe Total to expand the grid. To enter Fringe Benefits double click and enter a value in the “FY Budget” column. When you have completed entering information click “Save”.

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.

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, INCENTIVE PAYMENTS/BONUS, SAFETY AND HEALTH, CLIENT STIPENDS, OR OTHER 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
Operations and Support	\$600.00	\$0.00	\$600.00
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

The active fields on this tab are:

- Office Supplies
- Facilities Repairs & Maintenance
- 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
- Prepared Meals
- Raw Food

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 INCENTIVE PAYMENTS/BONUS, CLIENT STIPENDS, SAFETY AND HEALTH, OR “OTHER” FIELDS IN OPERATIONS & SUPPORT!

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

Next, click on the “Utilities” tab.

Utilities	FY Budget	YTD Invoiced Amount	Remaining Amount
Operations and Support	\$0.00	\$0.00	\$0.00
Telephone - Land lines	\$0.00	\$0.00	\$0.00
Electric	\$0.00	\$0.00	\$0.00
Water/Sewer	\$0.00	\$0.00	\$0.00
Oil - Heating	\$0.00	\$0.00	\$0.00
Gas - Heating	\$0.00	\$0.00	\$0.00
Security Systems	\$0.00	\$0.00	\$0.00
Internet Connectivity	\$0.00	\$0.00	\$0.00
Mobile Phones	\$0.00	\$0.00	\$0.00
Bundled Communications	\$0.00	\$0.00	\$0.00

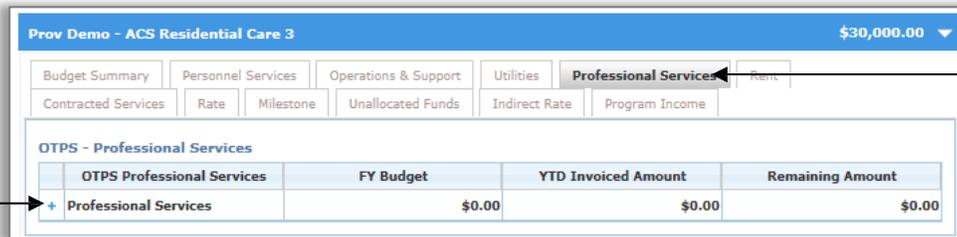
The Utilities tab replaces the OTPS categories from the former Annual Review.

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 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

The Agency will audit all human services programs at least once every three years through contracted CPA firms. In addition to regular audits, the Agency reserves the right to send its own staff or contracted agents at any time to conduct programmatic and fiscal reviews. The Agency does not allow Providers to budget for financial statement audits as a direct program cost. However, these costs may be included in the administrative overhead budget line, as an indirect cost. Only the OMB A-133 audit (“Single Audit”) of federal funds received through the Agency, 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 the Agency’s 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 OMB Circular A-133. Provider agencies receiving federal funds through their DHS contracts may be subject to this audit requirement depending on the total federal expenditures of the Provider agency.

OMB A-133 audits are only required when Provider agencies are in receipt of Federal funds in the aggregate of \$750,000 dollars or more per year. For the FY 2020 budget, the federal audit requirement is based on actual federal expenditures during FY 2019. 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 other funding sources. 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 FY20 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.

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.

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.

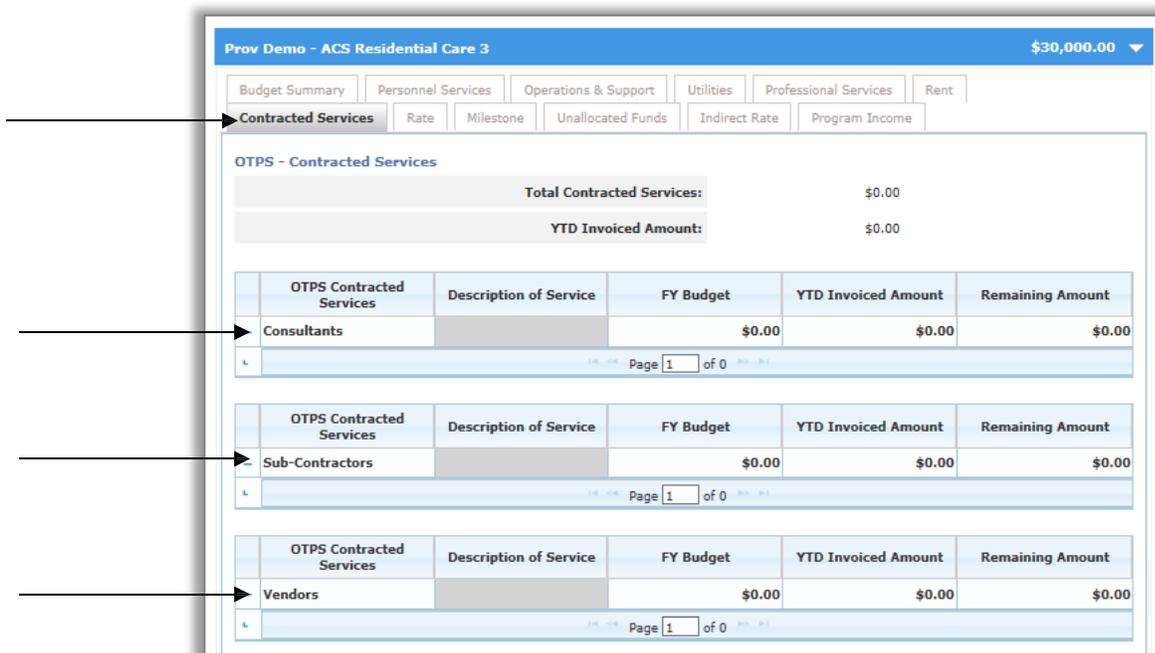
When adding lines for debt service and real estate tax please be sure to name them **“Debt Service”** and **“Real Estate Tax”** only. These costs **must** be captured separately from the Rent line.

If you are claiming Debt Service costs, you **must** fill out and attach the **Debt Service/Start Up Amortization Worksheet** (see pg. 28 for instructions on completing Attachment 2: Debt Service/Start Up Amortization Worksheet).

Next, click on the “Contracted Services” tab.

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 **IT Consultants, Medical, Contracted Security, Food Service, Maintenance, and Contracted Temp Services** in this tab.



Click on the “+” symbol next to the appropriate box – **Consultants, Sub-contractor, Vendors**. You will capture your IT Consultant Costs in this Consultants category. Only IT Consultant costs will be funded in the Consultant category under the “Contracted Services” tab- no other consultant types are allowed in this category. Please include the Consultant’s Name and Title in the Consultants box. Include as a description of services in the Description of Service box – Information Technology. You must **upload and attach the Consultant agreement as well for each claimed expense**.

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

Vendors who provide services to your organization should be listed in the **Vendors grid** not “Consultants” or “Sub-contractors”. This includes: Temp Agencies, Food Contracts, Contracted Security, and Mechanical Systems Contracts (HVAC/Boiler, Fire Detection, Extermination, and Elevator Maintenance). Please list the Vendor name in the “Vendor Field”. Under Description of Service, utilize only one of the following descriptions: **Temp Agencies, Food Contracts, Mechanical Systems**

Contracts, Maintenance/Repair or Contracted Security. For Food Contracts, **do not** capture the costs in the “prepared meals” line item of Operations and Support tab. These costs should all be captured in the vendor category only.

If you are budgeting for **Contracted Medical Costs, or non-IT consultants** you will need to utilize the **Sub-contractor** category. Please list the medical provider, or non-IT consultant’s name in the Subcontractor field and under Description of Service utilize only **Medical Services, or Non-IT Consultants**. You will also need to fill out and attach the **Contract Medical Worksheet. The Non-IT Consultant** agreement **must** be attached to the budget.

If you are submitting a closeout budget modification for the use of Temporary Staff that were used to cover critical vacancies, you will need to utilize the **Sub-contractor** category. Please list the temp providers name in the Subcontractor field and under Description of Service utilize the description **Temporary Staff only**.

[The City of New York Health and Human Services Cost Policies and Procedures Manual \(“Cost Manual”\)](#) governs the treatment and claiming of costs for health and human service contracts. If there is a conflict between the terms of the **Agency’s Fiscal Manual and the Cost Manual, the Cost Manual shall take precedence.**

Subcontractor Approval Process for Health and Human Service Contracts

If a Contractor proposes to engage a subcontractor on a human service contract, the Department requires:

1. Subcontractor to be listed in the City’s Payee Information Portal (PIP), and
2. Contractor must identify subcontractor through the budget and invoice process. For contract budgets that the Department manages through HHS Accelerator Financials, Contractor shall identify subcontractor in the “Contracted Services” section.

For any subcontractor of more than \$20,000*, the Department also requires:

1. Subcontractor to be prequalified in HHS Accelerator, and
2. Contractor to share the subcontract agreement with the Department.** For contract budgets that the Department manages through HHS Accelerator Financials, Contractor shall upload and attach subcontract to the fiscal year budget.

Subcontractors are approved for work on a human service contract when the Department approves the subcontractor in PIP or in written communication with the Contractor. The Contractor should not engage a subcontractor until the Department has approved that subcontractor. The prime vendor is responsible for listing all payments to subcontractors in PIP.

*For determining the value of a subcontract, all subcontracts with the same subcontractor shall be aggregated.

**The Department may require Contractor to share subcontract agreements for subcontractors of \$20,000 or less. For contract budgets that the Department manages through HHS Accelerator Financials, contractors shall upload and attach such subcontracts to [the fiscal year budget]. Additional requirements apply to subcontracting for discretionary contracts.

Subcontractor Agreement Template for Health and Human Service Contracts

The Department offers a [standard subcontract agreement template](#) for human service contracts that Contractor may use, but is not required to use. (Attachment 12 pgs)

Definitions for Subcontractor, Consultant, and Vendor for Human Service Contracts

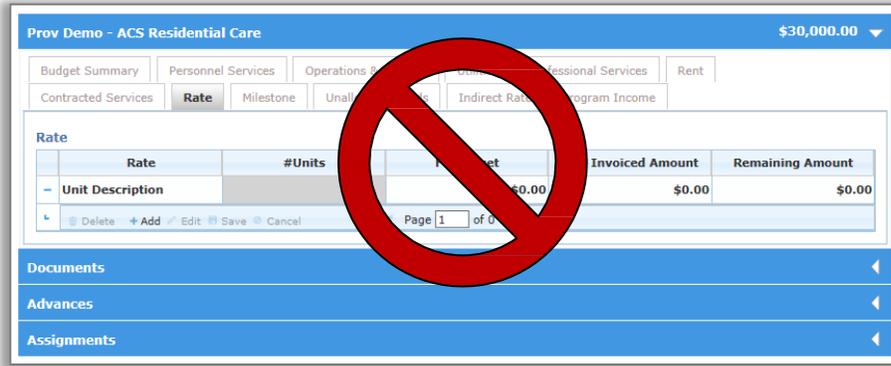
- A **subcontractor** hired on a health and human service contract is hired to perform or directly deliver a part of the prime contractor's programmatic contractual obligations.
- A **consultant** hired on a health and human service contract is often a subject matter expert and does not perform or directly deliver a part of the prime contractor's programmatic contractual obligations.
- A **vendor** hired on a health and human service contract provides non-programmatic services or goods.

Subcontractors, consultants, and vendors may be corporations, nonprofit organizations, or individuals.

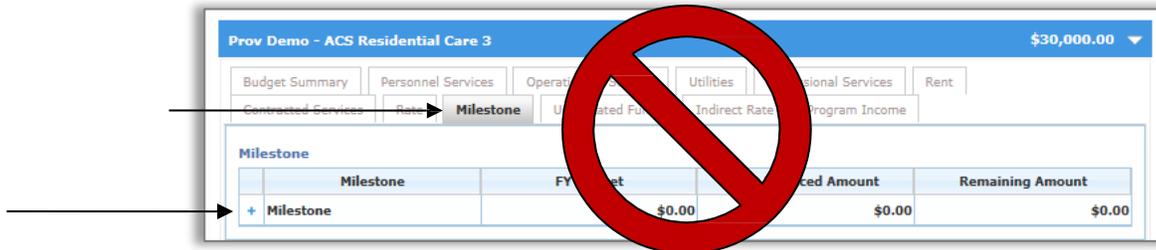
The City requires subcontractors to be registered in PIP, but does not require PIP registration by consultants or vendors.

Definitions should be applied by looking at the language of the contract obligations.

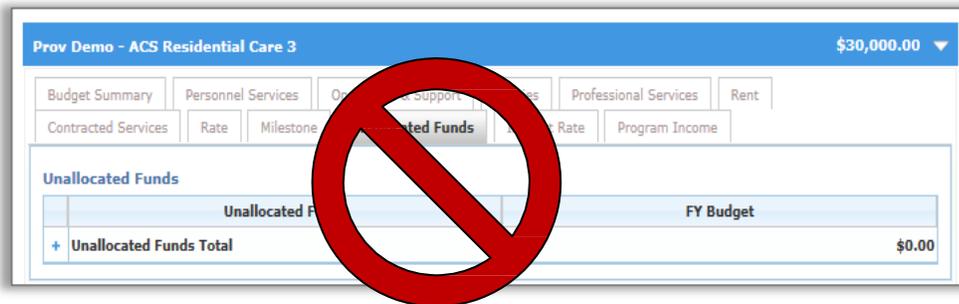
The next tab is labeled **“Rate”**. We will not be utilizing this tab.



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

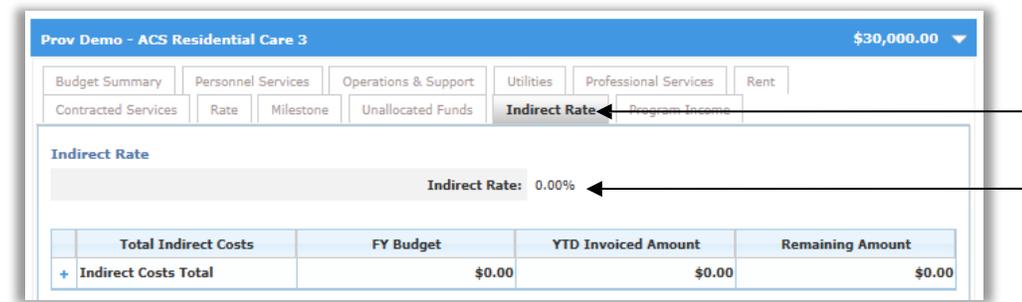


The next tab is labeled “Unallocated Funds”. We will **not** be utilizing this tab for this review.



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 10% 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**.

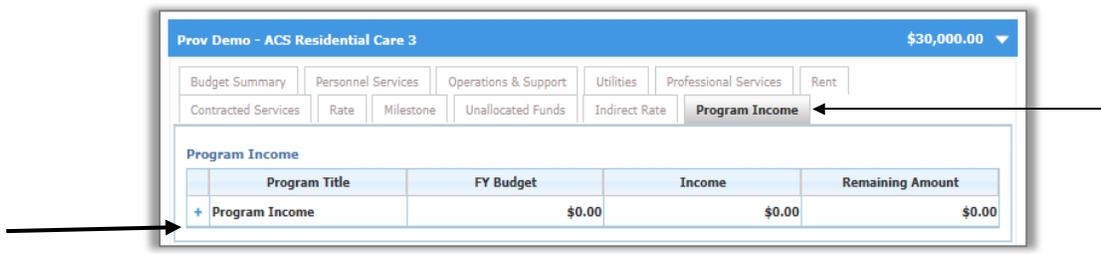
All Administrative Overhead percentage charged should be supported by the most current Certified Financial Statement which should not be older than 2 years. For the Annual Contract Budget Review only, please share your most current Certified Financial Statement from your document vault with the Agency. For instructions on the document vault please see Appendix II, “Introduction to the Document Vault” Pg 85.

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.



The Program Income grid appears at the bottom of all budget tabs. Program Income amounts entered into these grids will be condensed in the “Program Income” tab. Edits are made in the Program Income grid of each category.

Click the **“+”** symbol associated with the Program Income grid to expand.

Add a new row by clicking **“+Add”** in the footer of the grid

Select the **“Source”** that best corresponds to the Program Income your organization is expecting to earn.

Enter a **“Description”** for the program income. This field can be up to thirty characters.

For **“FY Income Budget”** enter the amount your organization is expecting to receive

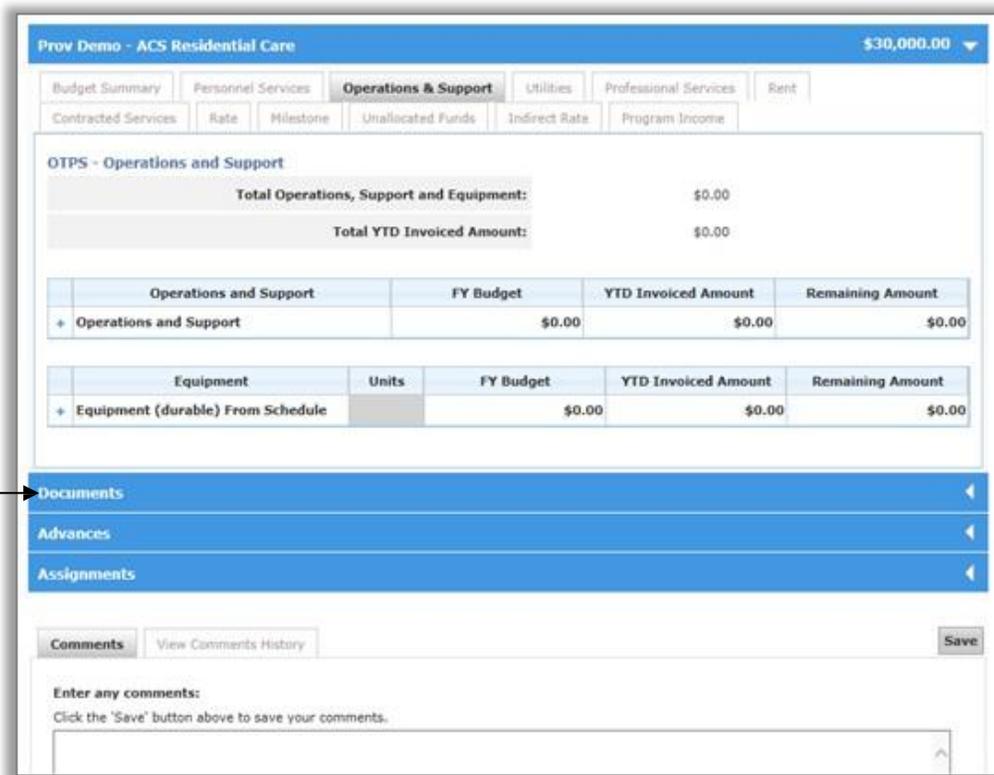
Click **“Save.”** Repeat the steps for all income types.

****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.**

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:

- Sub-Provider 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

The screenshot shows a web-based form titled "Upload Document" with a progress indicator for "Step 1: File Selection" and "Step 2: Document Information". The form contains the following fields and elements:

- Document Category:** A dropdown menu with "Financials" selected.
- Document Type:** A dropdown menu with "Consultant Agreement" selected.
- Select the file to upload:** A text input field containing the path "\\doitt.nycnet\root\4MT" and a "Browse..." button.
- Document Name:** A text input field containing "Consultant Agreement".
- Buttons:** "Cancel" and "Next" buttons at the bottom right.

Arrows in the image point to the "Document Type" dropdown, the "Browse..." button, and the "Document Name" text input field.

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:

Worksheet

Fringe Worksheet
Debt Service/Start Up Amortization Worksheet
Allocation Methodology Worksheet
Justification Worksheet
Indirect Cost Overhead Worksheet
Contracted Medical Worksheet
Audit Fee Methodology Worksheet
Insurance Attestation
Insurance Addendum Worksheet

Corresponding Document Type

Fringe Benefits Justification
Debt Service Documentation
Cost Allocation Plan
Other
Administrative Overhead Documentation
Consultant Agreement
Other
Other
Other

Up-loadable Documents

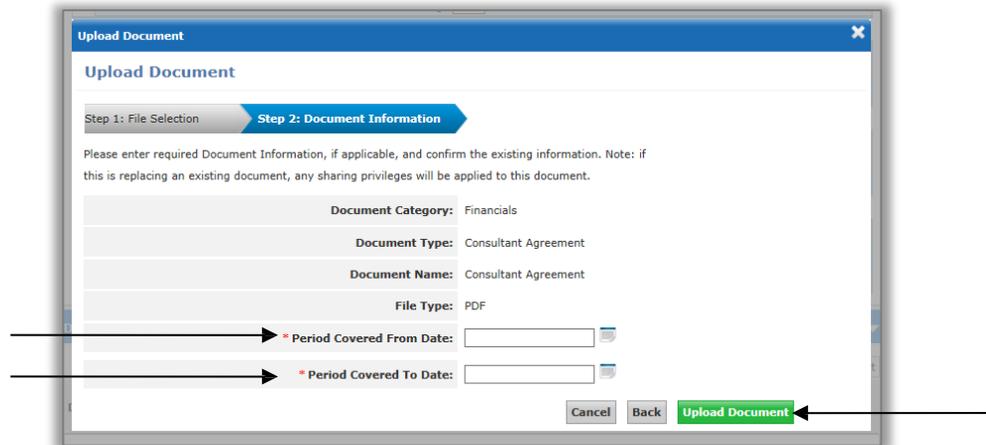
Insurance Premium Page
Certificate of Liability

Corresponding Document Type

Other
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. DSS further reserves the right to withhold any payments to the provider for allocated costs in the event that DSS determines that the cost allocation plan is unsatisfactory in whole or in part, or determines that such allocated costs have been incorrectly determined, are not allowable, or are not properly allocable pursuant to this Agreement or approved cost allocation plan. Unsupported or overstated allocation methodologies are subject to recoupment.

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.

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

3. Professional Services

- Legal # of FTE's/ Sq. Footage/Clients Served
- Accounting # of FTE's /Clients Served
- A133 Audit Fees Award Amount

4. Rent

Sq. Footage

5. Contracted Services

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

ATTACHMENT 4: JUSTIFICATION FOR CHANGES EXCEEDING \$5,000 OR 10% WORKSHEET.

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 10%. 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."pg 85

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1. All Providers must submit the most recent Certified Financial Statement (no older than 2 years old), 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. All eligible providers are allowed to submit a budget that includes allowable overhead of up to 10% of the Direct Cost Base (less distorting factors, i.e., rent, debt service) without providing documentation to the City during the budget review process. This is the “City De Minimis Indirect Rate.”
 3. Claiming more than the City De Minimis Rate, see City of New York Health and Human Services Cost Policies and Procedures Manual, as of March 2019

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, OTPS, Revenue.

ATTACHMENT 7: AUDIT FEE METHODOLOGY WORKSHEET

This form should be used by all programs that receive over \$750,000 in Federal Funding from DHS, or who receive a total of \$750,000 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.

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: DEPRECIATION

OTDA requires that all replacement and acquisition of equipment, furnishings, vehicles and property individually costing more than \$1,500 must be capitalized, with the resultant depreciation expense reported on the Depreciation Report. The straight-line method of calculating use charges (depreciation) on owned plant, furnishing, equipment and vehicles is generally required. In the absence of clear evidence indicating that the expected consumption of the asset will be significantly greater in the early portions than in the later portions of its useful life, the straight-line method of depreciation must be used.

A use charge (depreciation expense) relating to the use of currently owned plant, leasehold improvement, equipment, furniture and vehicle is an allowable expense in the computation of a reimbursement rate. The basis for such charges shall be actual (historical) cost. In the event that the historical cost of the facility cannot be adequately determined, an appraisal value shall be the basis for the depreciation. Such appraisal shall be conducted by an appraiser approved by OTDA and pursuant to a method approved by OTDA. The straight-line method of computing depreciation on owned plant, equipment, furnishings and vehicles will be required.

Allowable useful lives for capital items are as follows:

Plant/Renovation – 25 years

Equipment/Furnishings – 5 to 15 years

Vehicles – 3 to 5 years

Leasehold Improvement 5 to 15 years, or the duration of the lease agreement

ATTACHMENT 11: SECURITY EQUIPMENT INVENTORY

As part of the year end closeout, DHS is requiring that all Providers submit an inventory of all security equipment at your site purchased by DHS funds in your contract. The attached must be completed and uploaded into Accelerator with any final budget modifications or final invoices. If you have any questions please reach out to your Budget or Program Analyst.

ATTACHMENT 12: SUBCONTRACTOR AGREEMENT

The Department offers a [standard subcontract agreement template](#) for human service contracts that Contractor may use, but is not required to use

ATTACHMENT 13: EMPLOYEE ALLOCATION WORKSHEET

On this worksheet you will provide the staffing plan of partial FTE's directly charged to all of the DHS contracts in your Provider portfolio. For example, a Director of Social Service that splits their time between two sites. Please note that allocation totals cannot exceed 100%. If there is a position that is partially allocated

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
Total Program Income (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00
Total Program Budget (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**. 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

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

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
Total Direct Costs	\$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
Total Indirect Costs			
Indirect Rate 0.00 %			
Total Indirect Costs	\$0.00	\$0.00	\$0.00
Total Program Income (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00
Total Program Budget (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, or Unallocated Funds, tabs?**

Is my Indirect Rate under 10% of the total cost excluding costs identified in the **Rent** tab?

Have you accounted for all of your costs?

Have you attached all of the required documents?

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

Confirm Submission

Submit Contract Budget

Are you sure you want to submit this Contract Budget?

* Indicates a required field

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

* User Name:

* Password:

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.

NYC HHS Accelerator

Organization Information | Document Vault | Applications | Procurements | Financials

Welcome: John A Doe, Org_765

Contract Budget [Return to Budget List](#)

Contract Budget has been successfully submitted and will be reviewed by the Agency. Status: Pending Approval

Contract Information

Agency: Administration for Children's Services (ACS)	CT#: Not Registered
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: \$100,000.00
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	\$30,000.00	\$0.00	\$30,000.00	\$0.00

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

A contract budget must be approved before an advance payment can be processed.

Click on the number hyperlink next to “Active Budgets”

The screenshot shows the Provider Homepage with several sections: Document Vault (15 documents), Alerts (16 alerts), Application (Approved status), Procurements (RFPs eligible for release), and Financials (6 Active Budgets). The Financials section has a refresh icon in the top right corner.

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

The screenshot shows the Financials page with tabs for Contract List, Budget List, Invoice List, and Payment List. The Budget List is active, showing a table of budgets. A dropdown menu is open for the first row, with 'Request Advance' selected.

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.

Request Advance

To request an advance please enter the advance amount and description and click the 'Request Advance' button to send the request.

* Indicates a required field

CT#: CT10680001
 Provider: Training Provider 1
 Fiscal Year: FY14
 Advance Request Date: 01/15/2014

* Advance Amount Requested(\$): \$00.00
 * Advance Description:

Cancel **Request Advance**

ACS 2014 30,000.00 12/09/2013 Active

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**

Welcome: John A Doe, Org_765

Financials

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

Budget List

✓ I 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

All Budgets managed in HHS Accelerator can be modified up to 10% of the sub-budget value using the auto-approval process. Modifications that are below the 10% threshold, and do not add new line items to the budget, will automatically go through the levels of review and can be viewed on the Budget list screen after Approved. These adjustments are cumulative so, once the threshold is exceeded, future modifications will go through the regular review process. Modifications over the available threshold will follow the regular review process but will not limit future modifications that are under the available threshold from using the auto-approval process.

Providers are still expected to follow all agency policies regarding documentation requirements, pre-approval for certain requests, and adherence to all city, state, and federal regulations related to program design and delivery. Failure to follow these guidelines will result in agencies having providers revert the changes, which may cause payment delays, as well as the potential loss of ability to use auto-approval in the future.

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 require an attachment to 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.

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

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).

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.

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

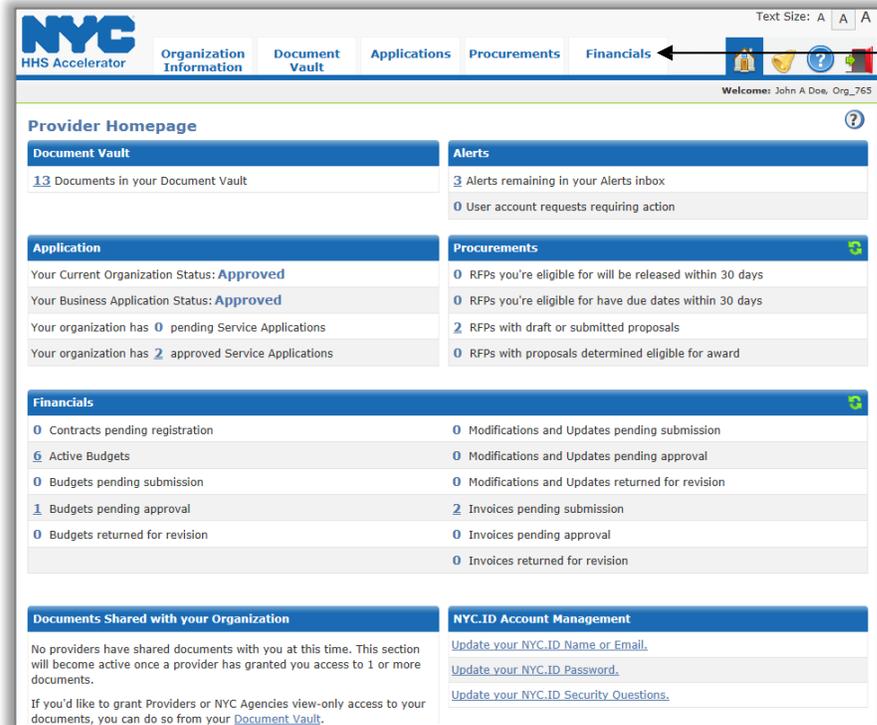
Contract Budget Modifications must be submitted 30 days in advance of the proposed effective change date. Budget Modifications submitted to revise year end budgeted amounts must be submitted within a timeframe that allows for the 30 day approval period required by DHS.

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 Budget Director detailing the nature of the emergency and the cost. The request should note the area from which the funds will be reduced.

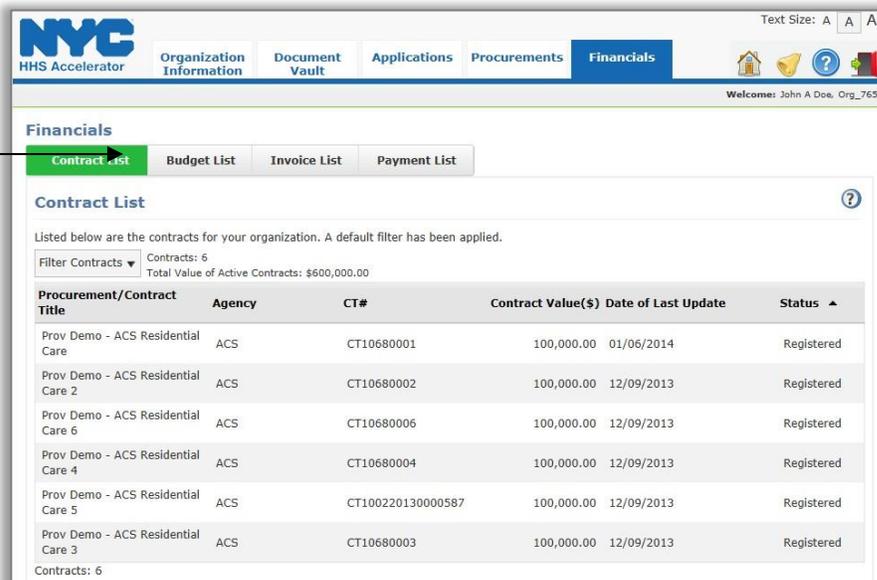
The final Contract Budget Modification is the Annual Fiscal Year Closeout. For more information, please see section III, 7. Annual Close-Out/Final Payment.

Submitting a Contract Budget Modification in the HHS Accelerator System

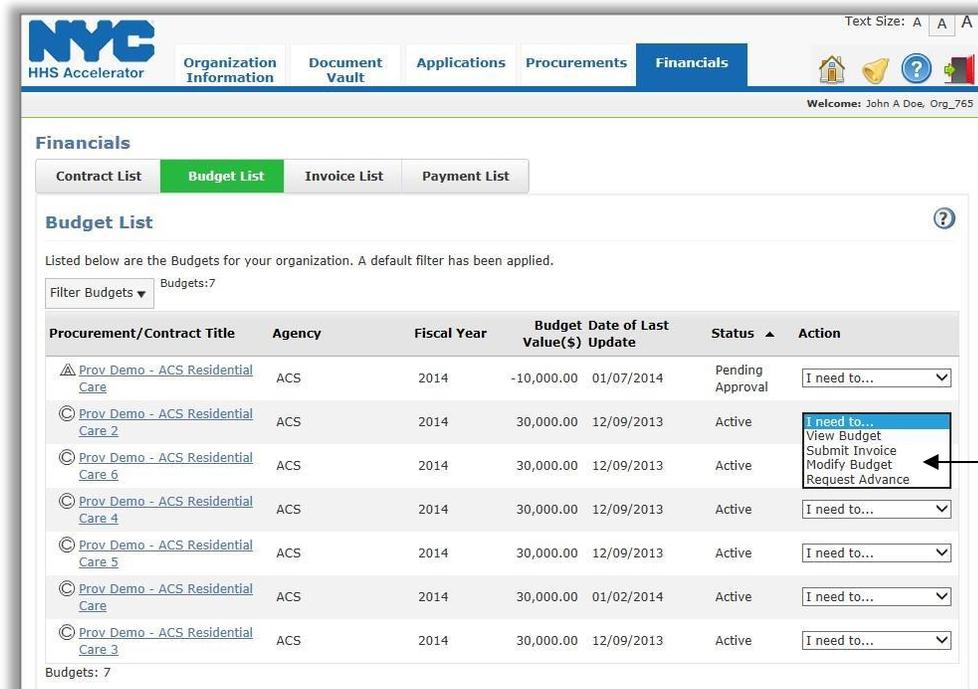
To begin click on the “Refresh” icon in the Financials section of the homepage, then click on the “Financials” tab.



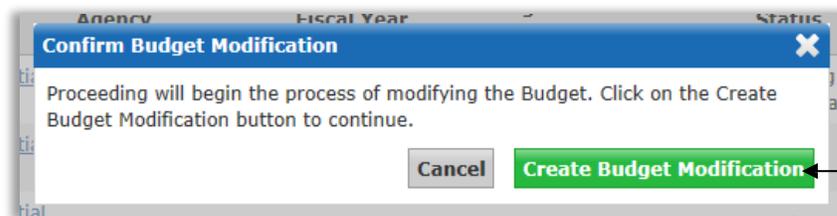
Click on the “Budget List” tab.



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

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:	06814I2222	Contract Amount:	\$90,000.00
Award E-PIN:	06814I2222001	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

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
Personnel Services						
Modification Total Salary & Fringe:						\$0.00
Modification Total Salary:						\$0.00
Modification Total Fringe:						\$0.00 (0.00%)
YTD Invoiced Amount:						\$0.00
Salaried Employees	Approved FY Budget	Remaining Amount	Modification # FTEs	Modification Amount	Proposed Budget	
+ Salaried Employees Total	\$0.00	\$0.00		\$0.00	\$0.00	
Hourly Employees	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	
Seasonal Employees	Approved FY Budget	Remaining Amount	Modification # Hours/Year	Modification Amount	Proposed Budget	
+ Seasonal Employees Total	\$0.00	\$0.00		\$0.00	\$0.00	
Fringe Benefits	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”.

Hourly Employees	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 are decreasing the line.

Hourly Employees	Approved FY Budget	Remaining Amount	Modification # Hours/Year	Modification Amount	Proposed Budget
Hourly Employees Total	\$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 are increasing the line.

Hourly Employees	Approved FY Budget	Remaining Amount	Modification # Hours/Year	Modification Amount	Proposed Budget
Hourly Employees Total	\$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. Status: Pending Approval

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 DSS-DHS for approval at any time using the online system ServiceNow (<https://nycdhs.service-now.com/>). 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). The Provider can expect to receive a full review of the request 60 days from the date of submission.

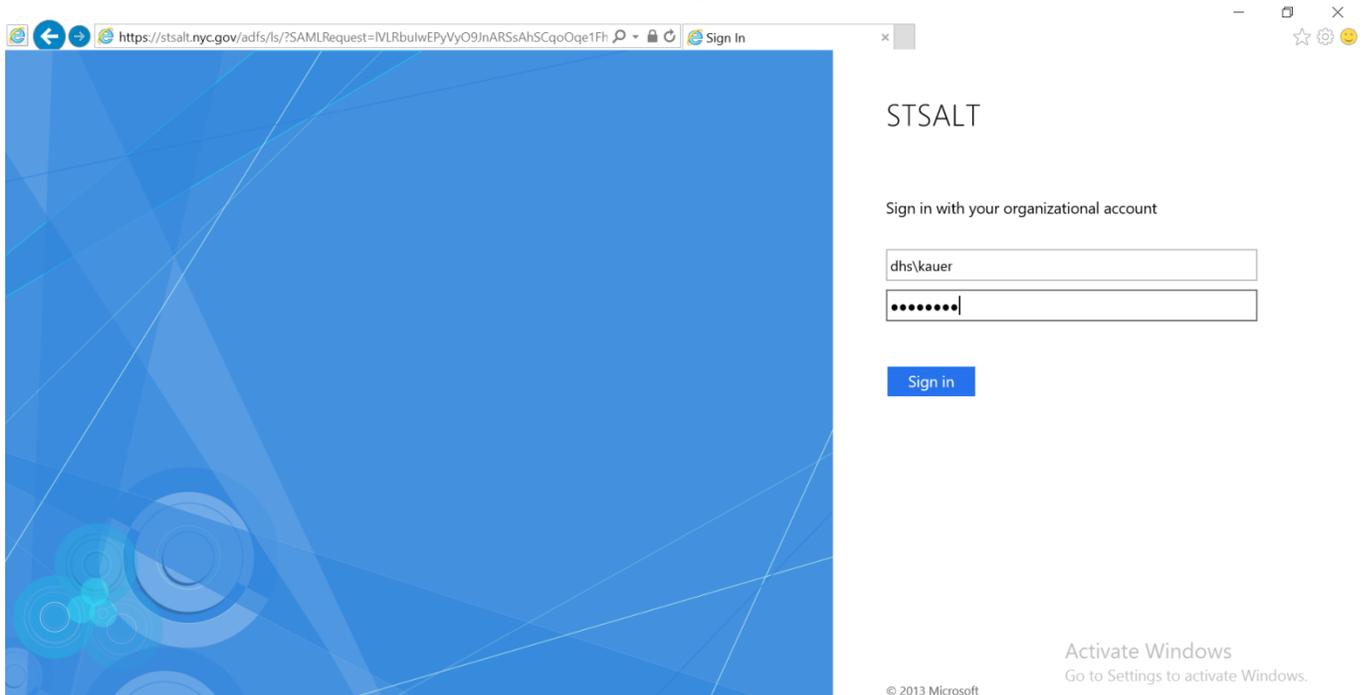
An updated Budget can only be submitted in HHS Accelerator for **approved** New Needs. To increase the Annual Contract Budget total funding, a **contract amendment must be registered**.

Please contact your Shelter Program Budget Analyst with any questions.

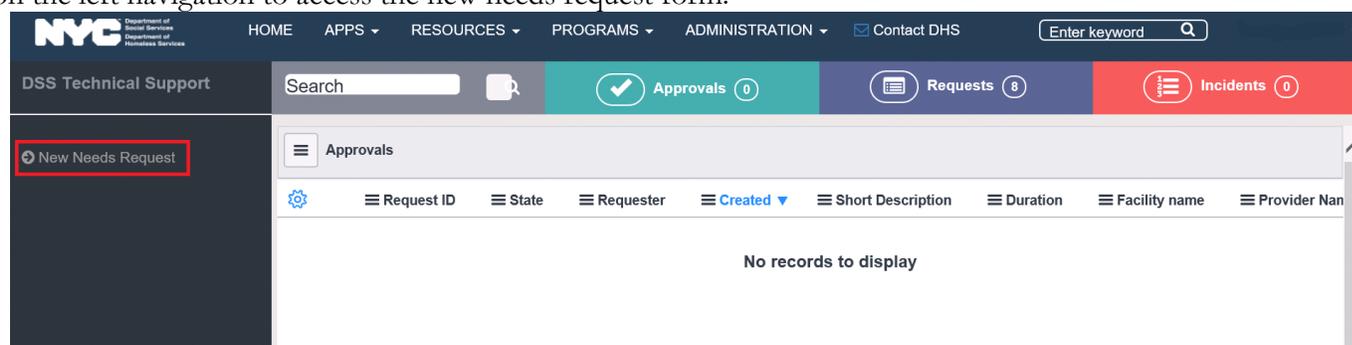
To submit a New Needs Request:

Before submitting a request, you will need to be provisioned. Please email ServiceNowSupport@dhs.nyc.gov with your full name, email address, and phone number to request access.

Access the URL <https://nycdhs.service-now.com/>. You will be prompted to enter your user credentials (User Name: DHS\username, Password: DHS network password)



You will be redirected to the landing screen as shown below. Click on the ‘New Needs Request’ link located on the left navigation to access the new needs request form.



NATURE OF REQUEST

Provider to complete:

Contact details are pre-populated and read only, based on requester log-in credentials. Requesters must select a type of New Need Request from the following list:

- General Budget (example: request due to increase property taxes, rent, utilities, etc.)
- IT (example: a request for new infrastructure project related to cabling at a shelter facility)
- Program (example: request for increase medical services, staffing, furniture, etc.)
- Facilities (example: request for maintenance/repair of fire alarm, elevator, etc.)
- Security (example: request to increase security guards, security equipment, etc.)

Individual requests must be submitted for each type of New Need. Requests cannot be bundled.

If the “Amount Requested-Current Year O’TPS” entry is greater than \$25,000, the requester will be prompted to include a minimum of 3 bids with their request. Click OK on the prompt, and then click either on the paper clip or “Add Attachment” buttons under Bid #1, Bid #2 and Bid #3 to attach the bids. Choose the relevant files from your computer to add them to the request. Rename or delete files as needed.

DHS requires the Provider to submit market research for comparable services and goods for New Needs requests between \$5,000 and \$25,000.

Complete all required fields on the form. When all fields are filled, and any required attachments uploaded, the requester will click on “Submit Request” to submit their New Needs Budget Request for review.

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, new lease agreement, leaky roof) and justification, including current and potential impact (for example, State fines, longer stays by clients, or 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 documentation so we can review a comprehensive justification.

ACKNOWLEDGEMENT OF RECEIPT

Once submitted, the requestor will receive an email notification with details about the request. The RITM # is the unique ID used to track the request.

Request RITM0010104 has been submitted:

Requester: Sandra Hawker

Item: New Needs Request

Title of Request: HOT WATER TANK REPLACEMENT

Date of Request: 12/05/2016 08:53:44 EST

Click here for full details: [LINK](#)

Ref:MSG0024968

Please call your Shelter Program Budget Analyst with any questions.

ASSIGNED DIVISION RECOMMENDATIONS

Based on the request type, a New Need Request the request will be assigned to a division for review. Once a requester’s submission is approved or returned, they will receive an email notification updating them of the status. The requester can click within the email to view their request in the system.

If the recommendation is "Approve," the request will be forwarded to the DHS Shelter Program Budget Office.

If the recommendation is "Return," the request will not be forwarded to the DHS Shelter Program Budget Office. All returned requests include comments as to why the request was returned.

Providers are able to re-submit a New Needs request that has been previously returned. The Catalog Task section is available once a request has been returned. This allows the requester to edit details of their request as required (i.e.: add or change information). By scrolling down to the Catalog Task section, the requester can click on a Catalog Task Number to update their request. This can be accessed in the notification email they receive or in the system itself by navigating to your “Request” tab.

Requesters can view the status of their request by clicking on the “Requests” tab on their dashboard.



Below are the screenshots for the workflows for the different type of requests.

IT:

<input type="checkbox"/>		RITM0010089	Edward Navitsky	11/17/2016 10:42:35	Phone System Replacement - REVISED	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Request Submitted (Submitted) <input checked="" type="checkbox"/> Program IT Analyst Approval (Completed) <input checked="" type="checkbox"/> Program IT Administrator Approval (Completed) <input checked="" type="checkbox"/> Budget Analyst Approval (Completed) <input checked="" type="checkbox"/> Budget Director Approval (Completed) <input checked="" type="checkbox"/> OMB Review (In progress) <input type="checkbox"/> Final Confirmation (Pending - has not started) <input type="checkbox"/> Request Closed (Pending - has not started)
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General Budget:

<input type="checkbox"/>	i	RITM0010377	Edward Navitsky	05/30/2017 15:05:33	FY18 Rent Increase	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Request Submitted (Submitted) <input checked="" type="checkbox"/> Awaiting Budget Analyst Approval (Completed) <input checked="" type="checkbox"/> Awaiting Budget Director Approval (Completed) <input checked="" type="checkbox"/> Awaiting OMB Review (In progress) <input type="checkbox"/> Final Confirmation (Pending - has not started) <input type="checkbox"/> Request Closed (Pending - has not started)
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Program (i.e.: Families request):

<input type="checkbox"/>	i	RITM0010135		01/23/2017 17:57:59	Soical Worker - Client Care Coordinator	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Request Submitted (Submitted) <input checked="" type="checkbox"/> Program Families Analyst Approval (Completed) <input checked="" type="checkbox"/> Program Families Administrator Approval (Completed) <input checked="" type="checkbox"/> Budget Analyst Approval (In progress) <input type="checkbox"/> Budget Director Approval (Pending - has not started) <input type="checkbox"/> OMB Review (Pending - has not started) <input type="checkbox"/> Final Confirmation (Pending - has not started) <input type="checkbox"/> Request Closed (Pending - has not started)
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Facilities:

<input type="checkbox"/>	i	RITM0010189		02/28/2017 15:13:10	Sprinkler	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Request Submitted (Submitted) <input checked="" type="checkbox"/> Program Facility Analyst Approval (Completed) <input checked="" type="checkbox"/> Program Facility Administrator Approval (Completed) <input checked="" type="checkbox"/> Budget Analyst Approval (Completed) <input checked="" type="checkbox"/> Budget Director Approval (Completed) <input checked="" type="checkbox"/> OMB Review (In progress) <input type="checkbox"/> Final Confirmation (Pending - has not started) <input type="checkbox"/> Request Closed (Pending - has not started)
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Security:

<input type="checkbox"/>	i	RITM0010147		01/26/2017 15:59:06	Security	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Request Submitted (Submitted) <input checked="" type="checkbox"/> Program Security Analyst Approval (Completed) <input checked="" type="checkbox"/> Program Security Administrator Approval (Completed) <input checked="" type="checkbox"/> Budget Analyst Approval (Completed) <input checked="" type="checkbox"/> Budget Director Approval (Completed) <input checked="" type="checkbox"/> OMB Review (In progress) <input type="checkbox"/> Final Confirmation (Pending - has not started) <input type="checkbox"/> Request Closed (Pending - has not started)
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DHS Shelter Program Budget Office will review all requests. If DHS Shelter Program Budget Office funds an amount that differs from the request, it will include an explanation of the variance.

All recommendations are subject to OMB approval.

If the recommendation is "Request Approved," the DHS Shelter Program Budget Office will begin any necessary contract amendment processes. The "Attachment A" will be completed and sent to the Provider via email.

If the recommendation is "Request Approved, Revised Amount" the DHS Shelter Program Budget will inform the Provider and initiate any contract amendments that are necessary. The "Attachment A" will be completed and sent to the Provider via email.

CONTRACT AMENDMENT

Approved New Needs Requests which alter the total contract budget amount must be registered as a contract amendment. Amendments will be processed taking into consideration other actions and the stage of a contract within the fiscal year. Per City procurement rules, multiple New Needs may be bundled for processing post-approval.

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.

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. 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. 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: (866) 430-5330 ; www.essensa.org/nyc

Contact form: <http://www.essensa.org/contact-us/>

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 Social Services (DSS) to strike a balance between fiscal monitoring and control and timely, efficient payment for services rendered. These procedures will help DSS 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.

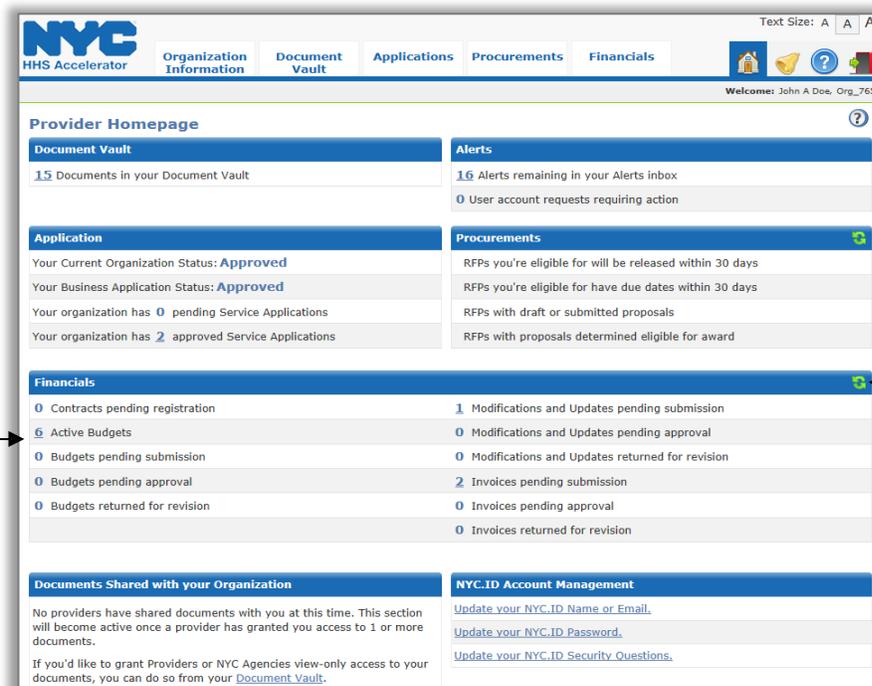
2. Advances

In order to provide on-going cash-flow and support to our Providers, advances can be requested at the beginning of each fiscal-year. The standard advance request is 25% of the annual contract budget.

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. A dropdown menu is open for the first row, showing options: 'I need to...', 'View Budget', 'Submit Invoice', 'Modify Budget', and 'Request Advance'. An arrow points to the 'Request Advance' option.

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.

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)

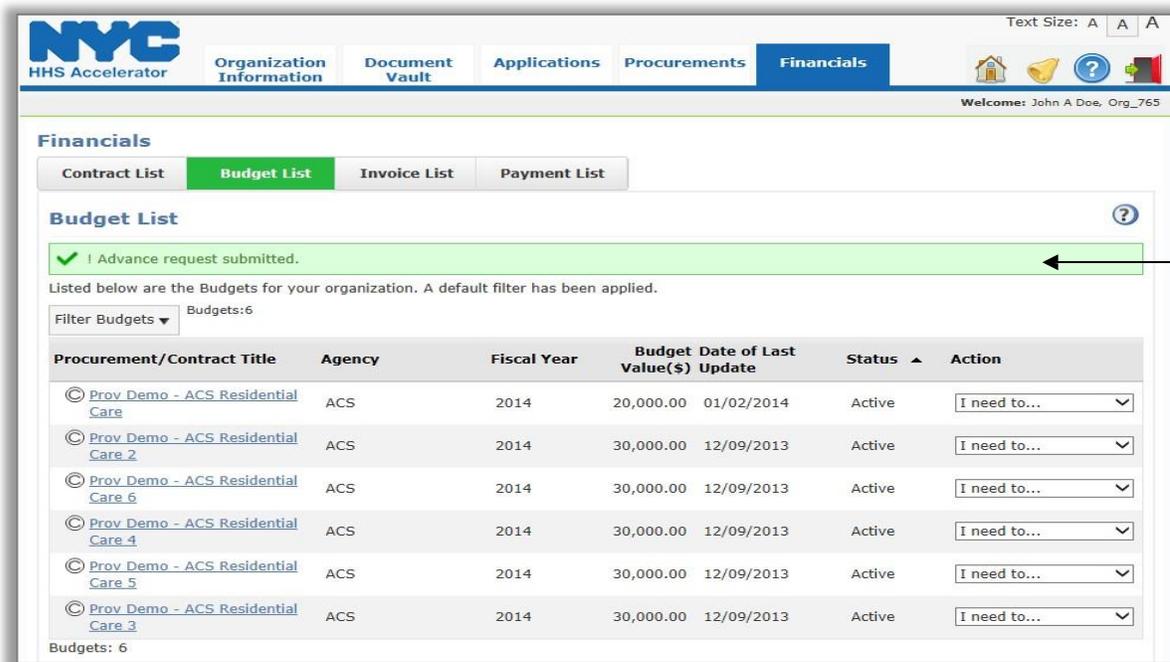
Buttons: Cancel, Request Advance

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

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.



Advance Recoupment:

Advances will be recouped against invoices beginning with payment for the January service period. The guideline for recoupment is 10 percent each month from January to May with the balance (fifty-percent) to be recouped against the fiscal year close-out. If June/closeout expenses are anticipated to be less than the advance balance, DSS Fiscal Operations reserves the right to recoup greater amounts in April and May.

Should the final invoice fall short of the amount to be recouped, the balance will be recouped in the following fiscal year or providers may reimburse the agency directly through a payment plan.

Exceptions:

Providers may request additional advances against their budget, should the three-months advanced prove to be insufficient. Any additional advance request beyond the 25% must be submitted in writing, on letterhead and in pdf format, to Harold Delaney, Deputy Commissioner of Fiscal Operations, at delaneyh@hra.nyc.gov. Additional advance requests cannot move forward without this approval.

DSS Finance reserves the right to modify the recoupment schedule as needs arise.

3. Monthly Invoices

In order to be reimbursed, Providers must submit an invoice in Accelerator by the **25th day of the following month**. In addition, Families with Children and Adult Families providers must accept the CARES generated invoice **within 14 business days**. Failure to submit invoices monthly will result in the delay and payment of your invoice. Providers can expect to receive payment thirty (30) days from approval of their invoice.

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 (Single Adults and Street Homeless Solutions providers)

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. DHS Programs will complete both a baseline and selective review of invoices each month.

Baseline Review

All monthly invoices must undergo a baseline review by DHS Programs to ensure appropriate payments are made. When submitting the invoice in HHS Accelerator, providers are to submit the following backup documentation in HHS Accelerator:

- Payroll ledgers,
- Staff listings with current vacancies,
- Written explanations for all staff vacancies, with vacancies not to exceed 90 days and
- Written justification for major increases or decrease in line item spending outside of 1/12th of the annual budget.

Selective Review

DHS Programs will randomly choose, without prior notice to the provider, three (3) OTPS line items for a selective review each month. Providers must submit back-up documentation for requested line items to complete the selective review. Requested backup documentation must be submitted to DHS Programs for approval. Once approved by DHS Programs, providers will attach the approved documentation to the corresponding invoice and upload in HHS Accelerator within (3) business days. Each line item receives a selective review annually, at minimum per site or program contract.

June invoicing and year-end expenses will be addressed in Section III, 7. Annual Close-Out/Final Payment.

Backup Documentation

Acceptable forms of back up documentation are listed in the “Audits” Section. Please refer to the “Audits” section for additional information.

3.2 Rate-Based Contracts (Adult Families and Families with Children providers)

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. Additionally, providers must submit according to the schedule, a monthly invoice in HHS Accelerator.

In addition, monthly invoices must be submitted in Accelerator by the 25th day of the month. 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 final invoice. The final invoice is addressed in Section III, 7.Annual Close-Out/Final Payment.

Baseline Review

All monthly invoices must undergo a baseline review by DHS Programs to ensure appropriate payments are made. When submitting the invoice in HHS Accelerator providers are to submit the following backup documentation in HHS Accelerator:

- Payroll ledgers,
- Staff listings with current vacancies,
- Written explanations for all staff vacancies, with vacancies not to exceed 90 days and
- Written justification for major increases or decrease in line item spending outside of 1/12th of the annual budget.

Selective Review

DHS Programs will randomly choose, without prior notice to the shelter provider, at least one monthly invoice for selective review. Providers will be asked to submit back-up documentation for all line items to complete the selective review. Requested backup documentation must be submitted to DHS Programs for approval. Once approved by DHS Programs, providers will attach the approved documentation to the corresponding invoice and upload in HHS Accelerator within (3) business days. . Every shelter contract will receive a selective review one month annually, at minimum.

Backup Documentation

Acceptable forms of back up documentation are listed in the “Audits” Section. Please refer to the “Audits” section for additional information.

CARES Invoice Procedure

DSS-DHS CARES will auto-create a care day invoice on the 6th 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.

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 Facilities and Logistics Division, 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 DHS Facilities and Logistics 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 Facilities and Logistics 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 Facilities and Logistics 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 two weeks before the construction start date. The provider will update as construction progresses and report any changes to original scope or potential expense variations immediately. Changes must be approved by DHS Facilities and Logistics before executed.

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 (a site visit may be required before certification). The Provider must pay the sub-Provider(s) within seven days after receipt of payment from the Agency. Construction expenses must be included in the final billing for the fiscal year. Projects that exceed \$100,000 may be subject to enhanced oversight by DHS Facilities and Logistics.

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 the Agency. If a correction needs to be made to an invoice, it will be “Returned for Revision”, and you will be notified. Audit recoupment will be satisfied by assigning a portion of the payment to the Agency. 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**.

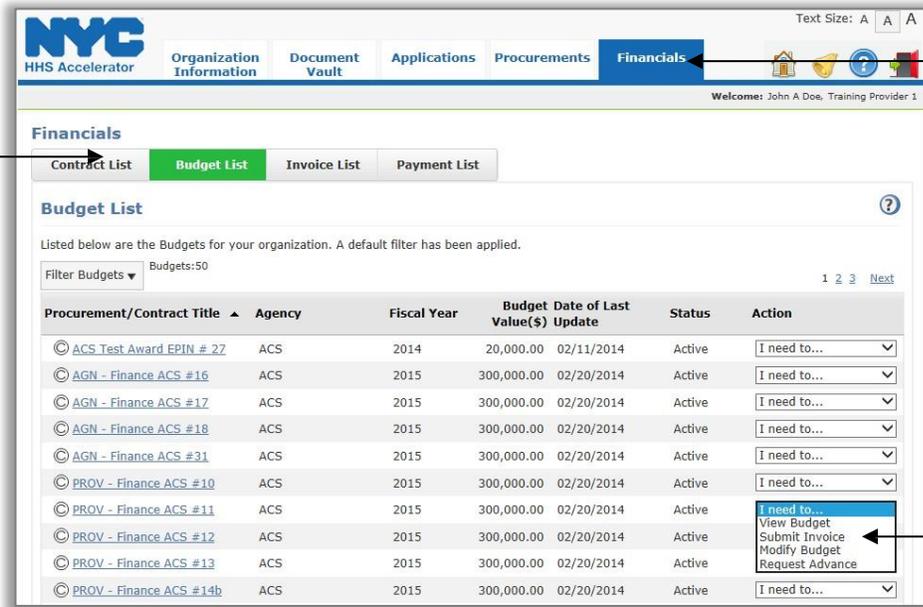
A budget **must** be Approved, and the contract Registered, to be in Active Status. Invoices can only be submitted against Active Budgets.

The screenshot displays the NYC HHS Accelerator Provider Homepage. The top navigation bar includes tabs for Organization Information, Document Vault, Applications, Procurements, and Financials. The main content area is divided into several sections:

- Document Vault:** 22 Documents in your Document Vault.
- Alerts:** 131 Alerts remaining in your Alerts inbox. 0 User account requests requiring action.
- Application:** Your Current Organization Status: **Approved**. Your Business Application Status: **Approved**. Your organization has 0 pending Service Applications. Your organization has 2 approved Service Applications.
- Procurements:** 0 RFPs you're eligible for will be released within 30 days. 0 RFPs you're eligible for have due dates within 30 days. 2 RFPs with draft or submitted proposals. 0 RFPs with proposals determined eligible for award.
- Financials:** 43 Contracts pending registration. 50 Active Budgets. 43 Budgets pending submission. 2 Budgets pending approval. 1 Budgets returned for revision. 5 Modifications and Updates pending submission. 1 Modifications and Updates pending approval. 0 Modifications and Updates returned for revision. 3 Invoices pending submission. 3 Invoices pending approval. 1 Invoices returned for revision.
- Documents Shared with your Organization:** No providers have shared documents with you at this time. This section will become active once a provider has granted you access to 1 or more documents. If you'd like to grant Providers or NYC Agencies view-only access to your documents, you can do so from your [Document Vault](#).
- NYC.ID Account Management:** [Update your NYC.ID Name or Email.](#) [Update your NYC.ID Password.](#) [Update your NYC.ID Security Questions.](#)

A red arrow points to the 'Active Budgets' link in the Financials section.

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

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:	PROV - 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 From:	<input type="text"/>
Service Date From:	<input type="text"/>	Service Date To:	<input type="text"/>
Invoice Submission Date:	N/A	Invoice Approved Date:	N/A

Description	Amount
Invoice Total	\$0.00
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
Total Proposed Payment to Vendor	\$0.00

Fy2015 \$300,000.00

- Documents
- Advances
- Assignments

Comments

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

Organization Information | Document Vault | Applications | Procurements | Financials

Welcome: John A. Doe, Training Provider 1

[Return to Invoice List](#) ?

Status: Pending Submission

Contract Information

Agency:	Administration for Children's Services (ACS)	CT#:	CT10220201407
Procurement/Contract Title:	PROV - 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:	HFJS29S	Service Date To:	07/31/2014
Service Date From:	07/01/2014	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
Total Proposed Payment to Vendor	\$0.00

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

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	
Invoice Number:	140400040
Provider Invoice Number:	HFJ5295
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	\$0.00
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
Total Proposed Payment to Vendor	\$0.00

Fy2015
\$300,000.00

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

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
Total Program Income (Excluded from City Funded Budget; Not Invoiced)	\$40,000.00	\$0.00	\$40,000.00	\$0.00
Total Program Budget (City Funded Budget + Program Income)	\$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.

Budget Summary		FY Budget	YTD Invoiced Amount	Remaining Amount	Invoice Amount
Total City Funded Budget		\$300,000.00	\$0.00	\$300,000.00	\$0.00
Total Direct Costs		\$280,000.00		\$280,000.00	\$0.00
Total Salary and Fringe					\$0.00
Total Salary		\$163,000.00		\$163,000.00	\$0.00
Total Fringe		\$157,000.00		\$157,000.00	\$0.00
- Total OTPS		\$6,000.00		\$6,000.00	\$0.00
Operations, Support and Equipment		\$62,000.00		\$62,000.00	\$0.00
Utilities		\$4,900.00		\$4,900.00	\$0.00
		\$4,000.00		\$4,000.00	\$0.00
Professional Services		\$2,100.00		\$2,100.00	\$0.00
Rent and Occupancy		\$31,000.00	\$0.00	\$31,000.00	\$0.00
Total Rate Based		\$25,000.00	\$0.00	\$25,000.00	\$0.00
Total Milestone Based		\$30,000.00	\$0.00	\$30,000.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00
Unallocated Funds					
Total Indirect Costs		\$20,000.00	\$0.00	\$20,000.00	\$0.00
Indirect Rate 7.14%					
Total Program Income Costs		\$40,000.00	\$0.00	\$40,000.00	\$0.00
(Excluded from City Funded Budget)					
Total Program Budget		\$340,000.00	\$0.00	\$340,000.00	\$0.00
(City Funded Budget + Program Income)					

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

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	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	\$6,000.00	\$0.00

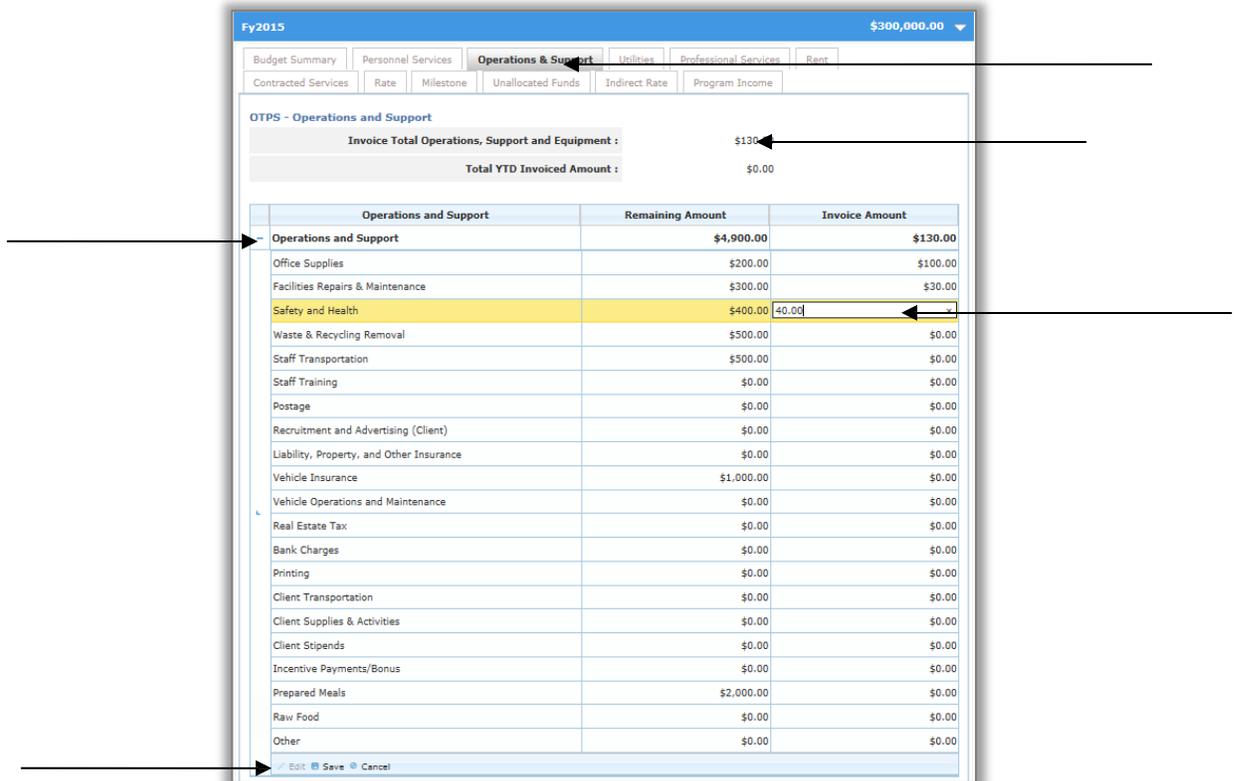
For the lines your organization would like to invoice for, double click and enter a value in the “**Invoice Amount**” box.

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.

Fy2015 \$300,000.00						
Budget Summary	Personnel Services	Operations & Support	Utilities	Professional Services	Rent	
Contracted Services	Rate	Milestone	Unallocated Funds	Indirect Rate	Program Income	
OTPS - Rent						
Locations	Management Company Name	Property Owner	Public School Space	% Charged to Contract	Remaining Amount	Invoice Amount
- Rent					\$30,000.00	\$30,000.00
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”**.

Fy2015 \$300,000.00					
Budget Summary	Personnel Services	Operations & Support	Utilities	Professional Services	Rent
Contracted Services	Rate	Milestone	Unallocated Funds	Indirect Rate	Program Income
Milestone					
Milestone	Remaining Amount	Invoice Amount			
- Milestone	\$30,000.00	\$20,000.00			
Make Housing Placements	\$30,000.00	\$20,000.00			

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
Total Direct Costs	\$280,000.00	\$0.00	\$280,000.00	\$60,500.00
- 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
Total Rate Based	\$25,000.00	\$0.00	\$25,000.00	\$15,000.00
Total Milestone Based	\$30,000.00	\$0.00	\$30,000.00	\$20,000.00
Unallocated Funds	\$0.00	\$0.00	\$0.00	\$0.00
Total Indirect Costs	\$20,000.00	\$0.00	\$20,000.00	\$3,000.00
Indirect Rate 7.14 %				
Total Program Income (Excluded from City Funded Budget; Not Invoiced)	\$40,000.00	\$0.00	\$40,000.00	\$4,000.00
Total Program Budget (City Funded Budget + Program Income)	\$340,000.00	\$0.00	\$340,000.00	\$67,500.00

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.

The Agency can request back up documentation to support your invoices. This includes the following:

- 1) Receipts, cancelled checks, electronic fund transfers
- 2) Utility bills- water/sewer, heating, electric, gas
- 3) Contracts, sub-contracts, Bids- Facilities Repairs, Maintenance, Security
- 4) General Ledgers
- 5) Payroll Ledgers
- 6) Organizational Charts
- 7) Written justification for major increases in line items
- 8) Supportive documentation for all line items including, but not limited to: incidentals, staff training, recruitment office supplies, client supplies activities, program supplies and transportation

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
Total Proposed Payment to Vendor	\$63,500.00

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.

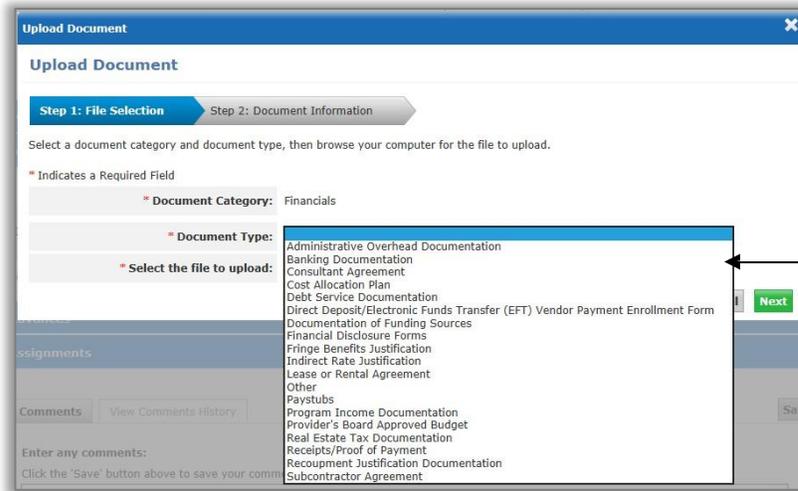
Click on the **“Upload New Document”** button.

Documents

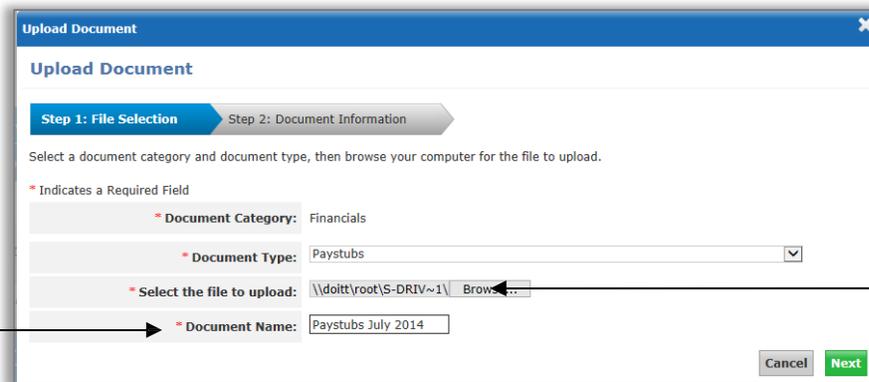
Add Document from Vault Upload New Document

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

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



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



Click “Next”.

Click “Upload Document”.

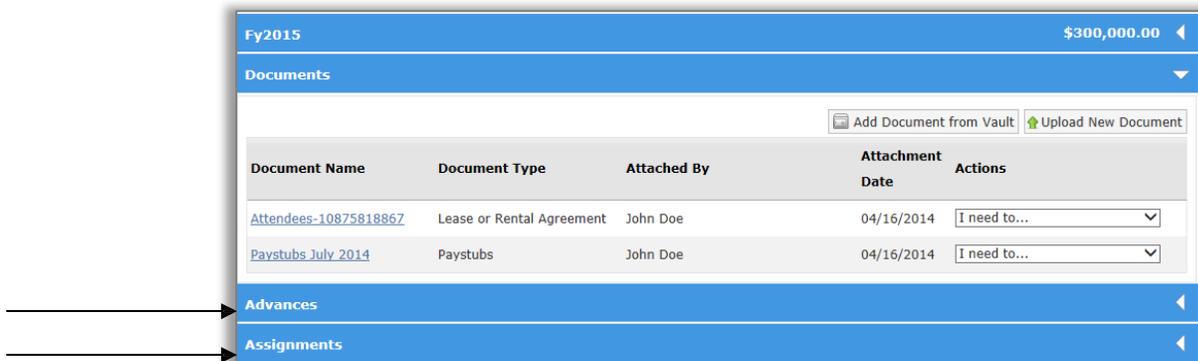


A green message bar will appear stating that the “Document uploaded successfully”.



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, Advances will be recouped based on the agreed upon recoupment schedule.

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

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

The screenshot shows the 'Assignments' section of a software interface. At the top, there is a table with three columns: 'Assignments', 'YTD Assignment Amount', and 'Invoice Amount'. The table contains one row with a plus sign icon, 'Assignments', '\$0.00', and '\$0.00'. Below the table is a green 'Add Assignee' button. Underneath that is a 'Comments' tab and a 'View Comments History' link. A 'Save' button is located to the right of the 'Comments' tab. Below these elements is a text area for entering comments, with the instruction 'Enter any comments: Click the 'Save' button above to save your comments.' Arrows point to the 'Comments' tab and the 'Save' button.

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”**.

The screenshot shows the 'Contract Invoicing' section of a software interface. At the top right, there is a 'Return to Invoice List' link and a 'Status: Pending Submission' indicator. The main content is divided into three sections: 'Contract Information', 'Fiscal Year Budget Information', and 'Invoice Information'.
Contract Information: Agency: Administration for Children's Services (ACS), CT#: CT10220201407, Procurement/Contract Title: PROV - Finance ACS #11, Contract Start Date: 07/01/2014, Contract End Date: 06/30/2017, Contract Amount: \$1,000,000.00, Provider: Training Provider 1, Program Name: Universal Pre-Kindergarten Services (UPK): Child Care, Procurement E-PIN: UAT1000, Award E-PIN: UAT1000.
Fiscal Year Budget Information: A table with columns: Start Date, End Date, FY Budget, YTD Invoiced Amount, Remaining Amount, YTD Actual Paid Amount, Cash Balance. Row 1: 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, Service Date To: 07/31/2014, Invoice Submission Date: N/A, Agency Invoice Number: [redacted], Invoice Approved Date: N/A.
Summary Table:

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

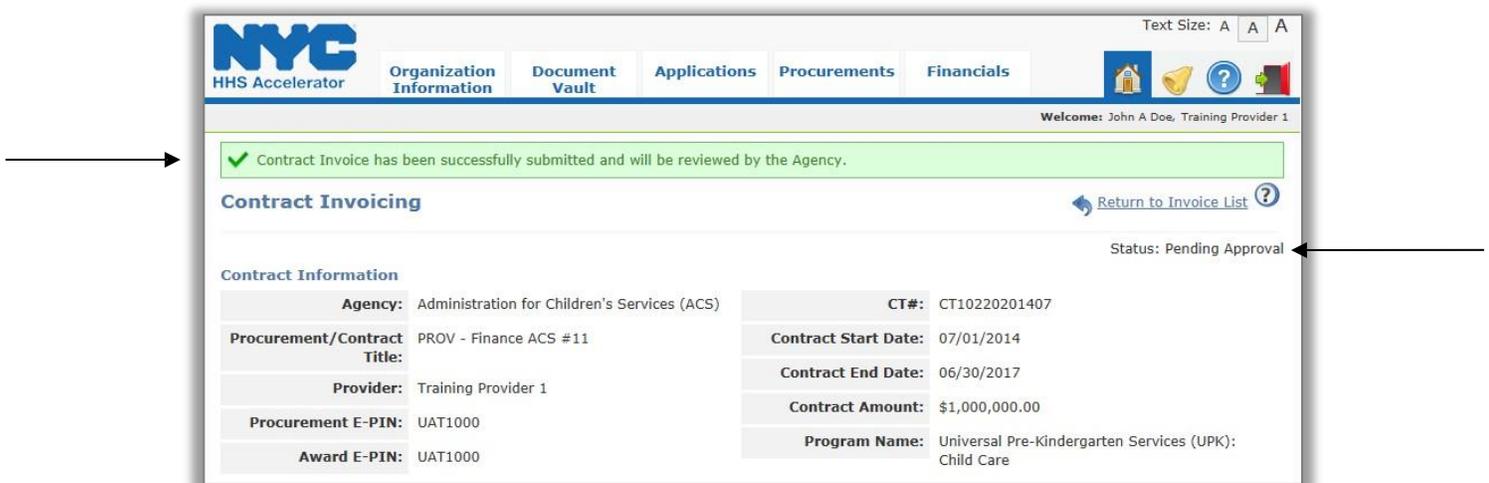
At the bottom right, there are 'Save' and 'Submit' buttons. An arrow points to the 'Submit' button.

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.



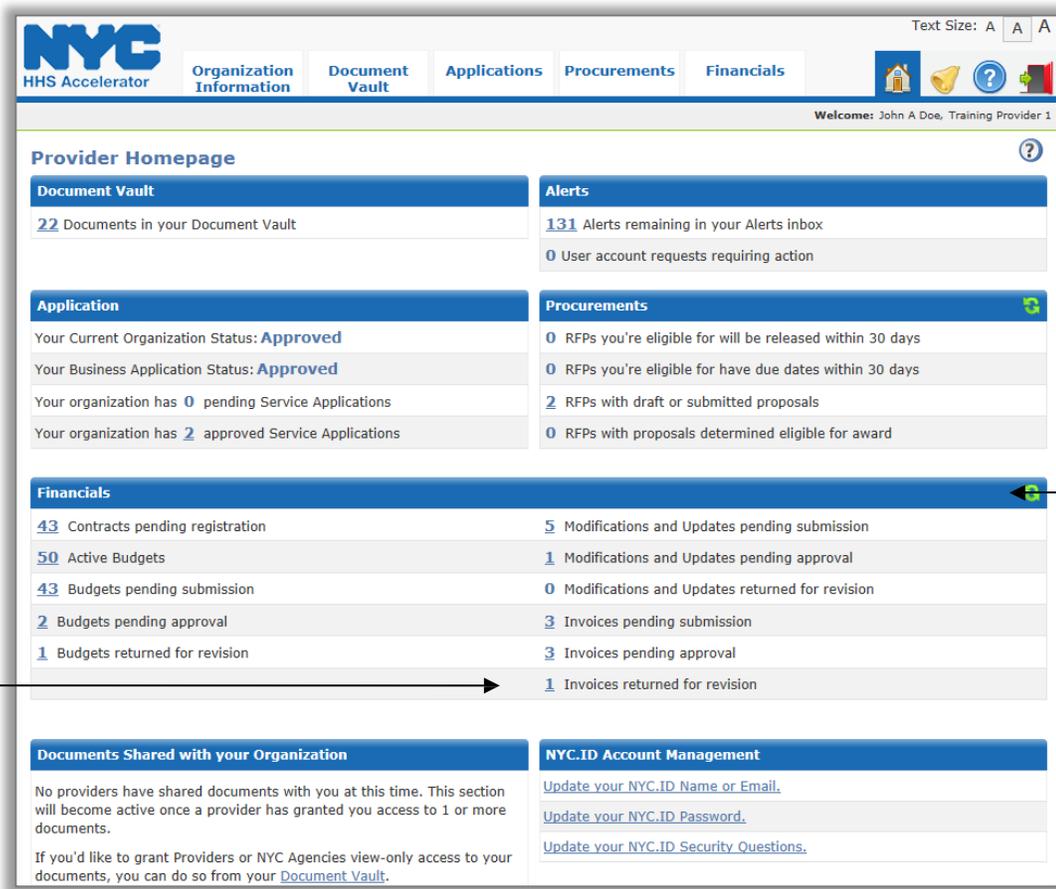
Once your invoice has been submitted, the Invoice Status will change to Pending Approval.

The Agency 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

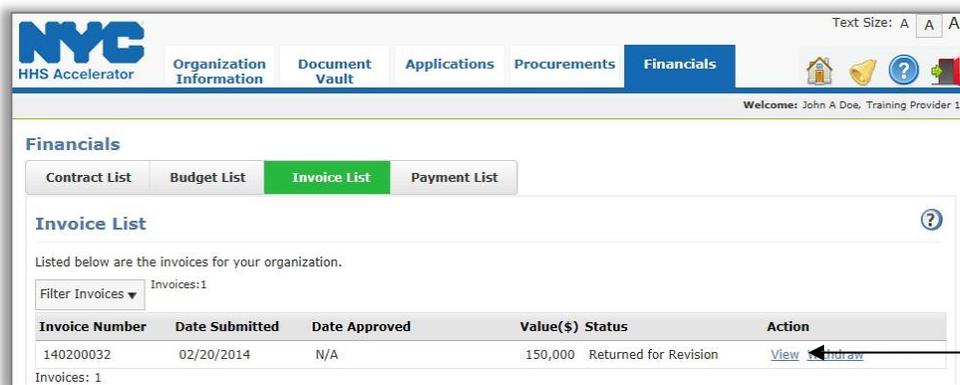
If your invoice is returned for revisions, your organization must make the appropriate revisions and resubmit the invoice.

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:	02/20/2014	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
Total Proposed Payment to Vendor	\$150,000.00

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.

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.

Line Item	FY Budget	YTD Invoiced Amount	Remaining Amount	Invoice Amount
+ Total City Funded Budget	\$300,000.00	\$0.00	\$300,000.00	\$150,000.00
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)	\$300,000.00	\$0.00	\$300,000.00	\$150,000.00

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.

Salaried Employees	# of FTEs	Remaining Amount	Invoice Amount
- Salaried Employees Total		\$200,000.00	\$150,000.00
Child Care Provider	10	\$150,000.00	12000.00
After School Program Director	1	\$50,000.00	\$0.00

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

Invoice Information

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

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

FY2015 \$300,000.00

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
Total Program Budget (City Funded Budget + Program Income)	\$300,000.00	\$0.00	\$300,000.00	\$12,000.00

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: tmorg1mgr@mailinator.com
 * Password: [Masked]

No, do NOT submit this Invoice Yes, submit this Invoice

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

Providers must submit a final invoice to reflect their final spending of the fiscal year. If needed, the provider must submit a final budget modification. Once approved, providers should submit their final invoice against that approved budget. The final budget modification and the June invoice must be submitted by the deadlines specified below. There may be instances when an action is still pending registration at the close of the fiscal year. Providers should not delay in submitting a close out invoice. Additional invoices, if needed, should be submitted immediately once an action is registered. Delays in submitting the close out invoice may result in delay in payments for the following fiscal year.

7.1. 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).

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.

7.2. 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).

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.

8. Audits

DSS Office of Audit and Quality Assurance (OAQA) Services routinely conducts annual financial and compliance audits of Providers through its contracted CPA firms. The auditors review for the appropriateness and reasonableness of the billed expenses. Over a three year cycle, it is expected that each Provider will be audited at least once.

In addition, each contract is assigned to a DHS Program Analyst and Program Administrator who review and approve submitted invoices for personnel and OTPS expenditures. To assist in this review and in addition to site visits, DHS Program staff may request back-up documentation for line-item expenditures for one or more invoices.

Requested documentation may include items such as:

- 1) Receipts, cancelled checks, electronic fund transfers
- 2) Purchase requisition, delivery/receiving report, payment request form, invoice
- 3) Utility bills- water/sewer, heating, electric, gas
- 4) Contracts, sub-contracts, Bids- Facilities Repairs, Maintenance, Security
- 5) Allocation Methodologies, the supporting documents for the methodologies and DHS approval of them
- 6) Inventory maintenance procedures for Office Supplies, Program Supplies, Food
- 7) General Ledgers
- 8) Property lease, Insurance policies, Audit fees
- 9) Payroll Ledgers, Labor Distribution reports, Timesheets, Fringes calculation spreadsheet
- 10) Organizational Charts
- 11) Written justification for major increases in line items
- 12) Supportive documentation for all line items including, but not limited to: incidentals, staff training, recruitment office supplies, client supplies activities, program supplies and transportation

Line-item expenditures that are submitted but cannot be documented will not be reimbursed. The DSS Office of Program Accountability (OPA) may be consulted for guidance during document review efforts by DHS Program Staff.

Examples of non-allowable expenses that should not be included in the PS or OTPS are listed below:

- 1) Capital Constructions Costs
- 2) Staff Child Care Expenses
- 3) Entertainment Costs including lunches, dinner or staff parties
- 4) Fines, Penalties, Interest Expenses, and Association/Membership Dues
- 5) Bonuses
- 6) Fund Raising Costs
- 7) Profits and Loss
- 8) Personal Costs including but not limited to personal travel expenses, beverage charges, gift certificates to staff and vendors, flower or parties for departing staff, holiday parties, repair on a personal vehicle, rental expenses for personal apartments
- 9) Expenses not incurred in the current fiscal year

For more information on allowable and non-allowable budgeted costs, please refer to [Attachment 2](https://otda.ny.gov/policy/directives/2017/ADM/17-ADM-04-Attachment-2.pdf) (<https://otda.ny.gov/policy/directives/2017/ADM/17-ADM-04-Attachment-2.pdf>) and other links in the [Office of Temporary and Disability Assistance \(OTDA\) ADM-04](https://otda.ny.gov/policy/directives/2017/ADM/17-ADM-04.pdf) (<https://otda.ny.gov/policy/directives/2017/ADM/17-ADM-04.pdf>).

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. Contracts with fixed fee indirect cost provisions use a contractually specified fixed rate that is applied to direct costs to determine the amount of indirect costs and profit that will be paid.

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 the Agency through the HHS Accelerator System. For information about Start-up see page 50.

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, the Agency 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.

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: Depreciation

Attachment 11: Security Equipment Inventory Form

Attachment 12: Standard Subcontract Agreement Template

Attachment 13: Employee Allocation Worksheet

Appendix I: List of Approved DHS Titles

DHS List of Approved Titles

Administration

Accountant/Bookkeeper
Administrative Assistant
Assistant Program Director
Computer/Data/Statistical Specialist
Director of Program Operations
Executive Director/Chief Executive Officer
IT Technician
Program Coordinator
Program Director
Utilization Review/Quality Assurance (Program Administration)

Case Management

Case Manager
Housing Specialist
Case Manager Supervisor
Senior Case Manager
Services Coordinator
Community Benefits Specialist
Health Counselor
Bilingual Specialist
Intake/Screening
Job Coach/Employment Specialist
Team Leader
Coordinator
Nurse Practitioner/Nursing Supervisor
Nurse-Licensed Practical
Nurse's Aide/Medical Aide
Nurse/Registered Nurse
Physician-MD

Child Care

Child Care Provider
Teacher Assistant
Teacher-Other
Education Coordinator (Teacher Licensed)
Teacher Aide

Kitchen

Cook
Food Service Worker

Maintenance

Maintenance Custodian
Facility Manager/Coordinator
Porter
Housekeeping and Maintenance

MVO

Driver

Operations

Operations Coordinator
Residence Worker (Does not apply to SED)
Supervisor (this title should **only** be used for Shift Supervisors being captured in the Operations category)

Recreation

Recreation Coordinator

Security

Security
Residence Worker (Does not apply to SED)
Security- Supervisor

Social Work

Social Worker/ Social Worker Masters Level
Clinical Coordinator
Counselor-Alcoholism and Substance Abuse
Psychiatrist
Supervisor-Social Services
Peer Specialist

Appendix II: Introduction to the Document Vault

Introduction to the Document Vault



Introduction to the Document Vault

**New York City Department of Homeless Services
Human Service Providers Fiscal Manual**

Revised 4/19

Attachment 2: Debt Service/Start Up-Amortization Worksheet



DEBT SERVICE / START-UP AMORTIZATION WORKSHEET

Agency/Provider: _____
Facility: _____

FY__ DEBT SERVICE / START-UP AMORTIZATION WORKSHEET

LENDER'S NAME / ADDRESS	TOTAL DEBT	TOTAL NUMBER YEARS / MONTHS	START DATE MONTH / DAY / YEAR	END DATE MONTH / DAY / YEAR	MONTHLY PAYMENT	YEARLY AMOUNT	DEBT SERVICE BALANCE AS OF 07/01/16	DEBT SERVICE BALANCE AS OF 06/30/17	PLEASE INDICATE IF THIS IS DEBT SERVICE OR START UP
	SERVICE AMOUNT (Principle & Interest)					REQUESTED ON ANNUAL CONTRACT BUDGET			

Attachment 3: Allocation Methodology Worksheet



ALLOCATION METHODOLOGY WORKSHEET

Agency/Provider:
 Facility:

FY_____ Allocation Methodology (non-FTE's) Worksheet
 (Specify PS and OTPS allocation methodology used for costs charged less than 100% to DHS's Contract)

Line Item	Total Cost	% of Total Cost Charge to DHS's Contract	DHS' Contract Cost	Specify Allocation Methodology

Attachment 4: Justification Worksheet



JUSTIFICATION WORKSHEET

Agency/Provider: _____
Facility: _____

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

Attachment 7: Audit Fee Methodology Worksheet



AUDIT FEE METHODOLOGY WORKSHEET

Agency/Provider: _____
Facility: _____

FY___ 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 ending _____
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

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: _____
ADDRESS: _____
CONTACT: _____

TELEPHONE # _____
FAX # _____

Attachment 8: NYS Insurance Attestation Form



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: (MM/DD/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	_____	_____	_____	_____	_____	_____	_____
General Liability/ Umbrella Listed insured Address	_____	_____	_____	_____	_____	_____	_____
Automobile Insurance Listed insured Vehicle ID number	_____	_____	_____	_____	_____	_____	_____
Professional Liability Total number of clients and FT staff	_____	_____	_____	_____	_____	_____	_____
Boiler Insurance	_____	_____	_____	_____	_____	_____	_____
Other Insurance	_____	_____	_____	_____	_____	_____	_____
Total Insurance cost charged to Homeless shelter							_____

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 ____ 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: Depreciation



Program Name/Facility: _____

Date: _____

DEPRECIATION

CAPITAL ITEM	TOTAL COST	USEFUL LIFE	START DATE MONTH / DAY / YEAR	END DATE MONTH / DAY / YEAR	ANNUAL AMOUNT TO BE DEPRECIATED	TOTAL DEPRECIATION TO DATE

Attachment 11: Security Equipment Inventory

**Security Equipment
 Inventory Form**

Facility: _____ Capacity: _____ Completed by: _____
 Address: _____ Floors: _____

Equipment	Cost	# of Items	Model/Serial #	Description	Quality	Purchase Date	Location in Facility (Be as specific as possible)	Comment/Notes
X- Ray Machine								
Magnetometer/Metal Detector								
Security Wands								
CCTV								
Camera Type								
Video Management System								
Radios								
Access Control (card keys or Similar)								
Emergency Alert System (epanic)								
PA System								

August 2018

SUBCONTRACT
ANNEX B SUBCONTRACTOR BUDGET

Name _____

Address _____

Telephone # _____ Fax # _____

Contact Person _____ Tel # _____

EIN _____ Contract ID # _____

Budget Period _____ Through _____

**TOTAL
BUDGET**

PERSONNEL SERVICES

Salaries and Wages _____
Fringe Benefits _____

NON-STAFF SERVICES

OTHER THAN PERSONNEL SERVICES

Consumable Supplies _____
Equipment Purchases _____
Equipment Other _____
Space Rental _____
Travel _____
Utilities and Telephone _____
Other Costs _____

Total Costs _____

