



**Department of Health and  
Mental Hygiene  
Division of Mental Hygiene**

**Guidance Document  
For  
HHS Accelerator Users**

**March 2023**

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## INTRODUCTION

New York City Department of Health and Mental Hygiene (DOHMH) is missioned to promote and protect the City's health. The Division of Mental Hygiene partners with consumers, families, advocates, and providers to ensure access to high quality services and to improve the lives of New Yorkers with mental health and substance use disorders and those with developmental disabilities.

The Health and Human Services (HHS) Accelerator System is the City's online system to simplify and speed the budget, invoice, and payment process for health and human services providers that deliver services directly to clients and communities. DOHMH will continue to use the HHS Accelerator System to configure human service contract budgets for Fiscal Year 2024.

This manual serves as the DOHMH guideline for the Contract Budget, Invoice and Payments processes and will explain how to input the values of your budget and invoices into the HHS Accelerator System. DOHMH's invoice review practices contained in this manual follow the Standard Health and Human Service Invoice Review Policy that went into effect on January 1, 2021.

The full policy can be found at the link below:

[https://www1.nyc.gov/assets/mocs/downloads/pdf/NonProfit/Standard\\_HHS\\_Invoice\\_Review\\_Policy\\_Final.pdf](https://www1.nyc.gov/assets/mocs/downloads/pdf/NonProfit/Standard_HHS_Invoice_Review_Policy_Final.pdf)

HHS providers are subject to independent audits of their contracts with City agencies. The City of New York Standard Audit Guide is the primary source for guidance on the audit process, including planning, execution, reporting and follow-up procedures for Auditors, Auditees, and Agencies. If there is a conflict between the terms of DOHMH's Fiscal Manuals and the Standard Audit Guide, the Standard Audit Guide shall take precedence.

The full policy can be found at the link below:

[https://www1.nyc.gov/assets/nonprofits/downloads/pdf/Standard%20Audit%20Process%20Guide\\_2019.04.11.p  
df](https://www1.nyc.gov/assets/nonprofits/downloads/pdf/Standard%20Audit%20Process%20Guide_2019.04.11.pdf)

# BUDGET PROCEDURES

## **ANNUAL CONTRACT BUDGET REVIEW**

Once a year DOHMH Service Providers are required to work with the Division of Mental Hygiene to prepare a contract budget for the current 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 contract and to ensure that both the Provider and DOHMH are operating with the same formally approved fiscal year budget. DOHMH designates Contract Analysts and Program Consultants to review the proposed budget and work with each Provider on their budget for the new fiscal year.

Payments, including advance payments, cannot be released until the annual contract budget review process has been completed.

The Annual Review, Budget Modification and Invoicing process will be managed in the financial module of the HHS Accelerator System. For guidance on navigating contracts and budgets in the HHS Accelerator System in general, please refer to the [NYC HHS Accelerator User Materials – Financials](#).

DOHMH will be using the HHS Accelerator System to configure your contract budget for the upcoming fiscal year. Once DOHMH has completed this step in the HHS Accelerator System, a Budget Pending Submission task will appear on your Provider Homepage.

Below you will find instructions for completing your line item budget in HHS Accelerator. Additional details regarding allowable expenses can be found in the [DOHMH Fiscal Manual](#).

## 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 dashboard header on your Provider Homepage. Next, click on the number hyperlink for “**Budgets pending submission**”.

The screenshot shows the 'Provider Homepage' dashboard. It is divided into several sections:

- Application:** Your Current Organization Status: **Suspended (Filings Expired)**. Your Business Application Status: **Suspended (Filings Expired)**. Your organization has 0 pending Service Applications. Your organization has 26 approved Service Applications. A warning icon indicates: Your Business Application expired on 07/03/2016.
- Filings:** Filings Status: **Expired**. Fiscal Period of Last Approved Filing: 07/01/2014 to 06/30/2015. Last CHAR500 approved on: 07/01/2016. Next CHAR500 due date: 05/15/2017(FY16). Registration Type: Dual/Executive Law Article 7-A (7A). Last CHAR500 uploaded on: 07/01/2016. A warning icon indicates: Your CHAR500 has expired.
- 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. 1 RFPs with draft or submitted proposals. 2 RFPs with proposals determined eligible for award.
- Financials:** 3 Budgets pending submission. 0 Budgets returned for revision. 0 Modifications and Updates pending submission. 0 Modifications and Updates returned for revision. 0 Invoices pending submission. 3 Invoices returned for revision. 35 Active Budgets. 2 Budgets pending approval. 0 Modifications and Updates pending approval. 10 Invoices pending approval. 2 Contracts pending registration. A refresh icon is visible on the right side of the Financials header.
- Documents Shared with your Organization:** No organizations have shared documents with you at this time. This section will become active once an organization 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:** 0 User account requests requiring action. [Update your NYC.ID Name or Email.](#) [Update your NYC.ID Password.](#) [Update your NYC.ID Security Questions.](#)

At the bottom, there is a footer with 'Copyright 2017 The City of New York', 'HHSportal-6.1.0', and links for 'FAQ', 'Privacy Statement', and 'Site Map'.

Locate your FISCAL YEAR, AGENCY PROGRAM budget from your list. To fill out your fiscal year budget, select “View Budget” from the Action drop down menu.

**Financials**

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

**Budget List** ⓘ

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

Filter Budgets ▾ Budgets: 3

| Procurement/Contract Title  | Agency | Fiscal Year | CT# | Budget Value(\$) | Last Updated | Status ▲           | Action   |
|---|--------|-------------|-----|------------------|--------------|--------------------|--|
| © <a href="#">Recreational and Socialization Services for Individual with Autism Spectrum Disorders Initiative Contract 1</a> | DOHMH  | 2020        |     | 60,000.00        |              | Pending Submission | ⓘ need to...<br><a href="#">View Budget</a><br><a href="#">View Contract</a> |

Next, click on the first blue header underneath the “Fiscal Year Budget Information” to access the fiscal year budget template. Line allocation will be entered into the HHS Accelerator Budget Template and submitted to the Agency for review and approval.

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

**Contract Budget** ⓘ [Return to Budget List](#) ⓘ

Status: Pending Submission [Print Budget](#)

**Contract Information**

|                                    |   |                             |                 |
|------------------------------------|---|-----------------------------|-----------------|
| <b>Agency:</b>                     | Department of Health and Mental Hygiene (DOHMH)   | <b>CT#:</b>                 | Not Registered  |
| <b>Procurement/Contract Title:</b> | Recreational and Socialization Services for Individual with Autism Spectrum Disorders Initiative Contract 1 | <b>Contract Start Date:</b> | 12/01/2017      |
| <b>Provider:</b>                   | HELP Social Service Corporation   | <b>Contract End Date:</b>   | 06/30/2025      |
| <b>Procurement E-PIN:</b>          | 8160000001  | <b>Contract Amount:</b>     | \$120,000.00    |
| <b>Award E-PIN:</b>                | 8160000001  | <b>Program Name:</b>        | Screening (MHY) |

**Fiscal Year Budget Information**

| Start Date | End Date   | FY Budget   | YTD Invoiced Amount | Remaining Amount | YTD Actual Paid Amount | Unrecouped Advance Amount |
|------------|------------|-------------|---------------------|------------------|------------------------|---------------------------|
| 07/01/2019 | 06/30/2020 | \$60,000.00 | \$0.00              | \$60,000.00      | \$0.00                 | \$0.00                    |

View Related: [Contract](#) | [Invoices](#) | [Payments](#) [Save](#) [Submit](#)

**Program Budget** \$60,000.00 ◀

**Documents** ◀

**Advances** ◀

**Assignments** ◀

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.

| Program Budget  |           | \$60,000.00 ▼       |                      |           |                       |      |
|---|-----------|---------------------|----------------------|-----------|-----------------------|------|
| <b>Budget Summary</b>   |           | Personnel Services  | Operations & Support | Utilities | Professional Services | Rent |
| Contracted Services   |           | Unallocated Funds   | Indirect Rate        |           |                       |      |
| <b>Budget Summary</b> <a href="#">View Printer Friendly Version</a> |           |                     |                      |           |                       |      |
| Line Item   | FY Budget | YTD Invoiced Amount | Remaining Amount     |           |                       |      |
| - Total City Funded Budget  | \$0.00    | \$0.00              | \$0.00               |           |                       |      |
| <b>Total Direct Costs</b>   | \$0.00    | \$0.00              | \$0.00               |           |                       |      |
| + Total Salary and Fringe   | \$0.00    | \$0.00              | \$0.00               |           |                       |      |
| + Total OTPS  | \$0.00    | \$0.00              | \$0.00               |           |                       |      |
| <b>Total Rate Based</b>   | \$0.00    | \$0.00              | \$0.00               |           |                       |      |
| <b>Total Milestone Based</b>  | \$0.00    | \$0.00              | \$0.00               |           |                       |      |
| <b>Unallocated Funds</b>  | \$0.00    | \$0.00              | \$0.00               |           |                       |      |
| <b>Total Indirect Costs</b>   |           |                     |                      |           |                       |      |
| Indirect Rate 0.00 %  |           |                     |                      |           |                       |      |
| <b>Total Indirect Costs</b>   | \$0.00    | \$0.00              | \$0.00               |           |                       |      |
| <b>Total Program Income</b>   |           |                     |                      |           |                       |      |
| (Excluded from City Funded Budget; Not Invoiced)                    |           |                     |                      |           |                       |      |
|   | \$0.00    | \$0.00              | \$0.00               |           |                       |      |
| <b>Total Program Budget</b>   |           |                     |                      |           |                       |      |
| (City Funded Budget + Program Income)                               |           |                     |                      |           |                       |      |
|   | \$0.00    | \$0.00              | \$0.00               |           |                       |      |

## 1.2 Personnel Services

To begin entering information, click on the “**Personnel Services**” tab. At the beginning of every fiscal year, a detailed staffing plan is collected by Health and Human Service Agencies on the **Detailed View** of the PS tab.

**Program Budget** \$60,000.00

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

Contracted Services | Unallocated Funds | Indirect Rate

**Personnel Services - Detail**

Summary View | **Detail View**

City Salary & Fringe: \$0.00      Total Positions: 0

City Salary: \$0.00      Total City FTEs: 0.00

City Fringe: \$0.00 (0.00%)

| Salaried Positions |                                 | Internal ID | Annual Salary | Annual Hours | FY Budget | % City Funded |
|--------------------|---------------------------------|-------------|---------------|--------------|-----------|---------------|
| +                  | <b>Salaried Positions Total</b> |             | \$0.00        | 0.00         | \$0.00    | 0.00%         |

| Hourly Positions |                               | Internal ID | Rate | Annual Hours | FY Budget | % City Funded |
|------------------|-------------------------------|-------------|------|--------------|-----------|---------------|
| +                | <b>Hourly Positions Total</b> |             |      | 0.00         | \$0.00    | 0.00%         |

| Fringe Benefits |                     | Rate  | FY Budget |
|-----------------|---------------------|-------|-----------|
| +               | <b>Fringe Total</b> | 0.00% | \$0.00    |

The PS tab will be defaulted to Detail View. Click on the + symbol next to the Salaried Employees Total row to expand the grid. Every position expected to be funded by the fiscal year budget should be included on individual lines entering an optional internal ID, the total Annual Salary the person earns at your organization, the total Annual Hours the person works for your organization and the salary amount funded by the contract for that fiscal year in the FY budget column. All Personnel Lines must have the appropriate CBR Code, if the code is unavailable, or if you have any issues entering it, please indicate this in the “Notes” section of the budget. Once save is clicked, the detailed entries are summarized in the Summary View by position category. All invoicing, modifications and amendments will occur from the summary view.

Click on the “+” symbol next to the Salaried Positions Total row to expand the grid

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

The screenshot shows the 'Program Budget' interface with a total of \$60,000.00. The 'Personnel Services' tab is active, showing a summary of \$0.00 for City Salary & Fringe, City Salary, and City Fringe. It also shows 0 Total Positions and 0.00 Total City FTEs. Below this is a table with columns: Salaried Positions, Internal ID, Annual Salary, Annual Hours, FY Budget, and % City Funded. The table has one row for 'Salaried Positions Total' with values \$0.00, 0.00, \$0.00, and 0.00%. A new row is being added with a dropdown menu for 'Salaried Positions' and empty fields for the other columns. The footer of the table includes buttons for Delete, Add, Edit, Save, Cancel, and Export, along with a page indicator 'Page 1 of 0'.

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

Select the eligible CBR Titles from the drop down that best corresponds to the salaried employee that you are adding to the budget. Only 100-500 series titles are allowed for the PS section. If you have questions regarding a title, please refer to the [Consolidated Fiscal Reporting and Claiming \(CFR\) Manual , Appendices, Appendix R – Position and Title Codes](#) or contact your Program Consultant.

**Program Budget** \$60,000.00 ▼

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

Contracted Services | Unallocated Funds | Indirect Rate

**Personnel Services - Detail**

Summary View | Detail View

|  |  |      |  |
|--|--|------|--|
| Escort   |  |      |  |
| Evaluator  |  |      |  |
| Evaluator Assistant                                    |  |      |  |
| Executive Assistant                                    |  | 2    |  |
| Executive Director                                     |  |      |  |
| Executive Director/Chief Executive Officer (601)       |  | 0.59 |  |
| Executive Oversight                                    |  |      |  |
| Exhibition Preparer                                    |  |      |  |
| Facilitator  |  |      |  |
| Facility Manager/Coordinator                           |  |      |  |
| Family Assistant                                       |  |      |  |
| Family Counselor/Therapist (344)                       |  |      |  |
| Family Day Care Coordinator                            |  |      |  |
| Family Worker  |  |      |  |
| Fiscal Officer   |  |      |  |
| <b>1 Food Service Worker (OASAS &amp; OPWDD) (101)</b> |  |      |  |
| Foster Care Director                                   |  |      |  |
| 2 Group Leader   |  |      |  |
| Group Worker   |  |      |  |
| 3 Guidance Counselor (SED Only) (236)                  |  |      |  |
| Health Aide  |  |      |  |
| Health Counselor                                       |  |      |  |
| Homemaker  |  |      |  |
| Homemaker Pool   |  |      |  |
| House Manager  |  |      |  |
| House Parent   |  |      |  |
| Housekeeper  |  |      |  |
| Housekeeper Pool                                       |  |      |  |
| Housekeeping and Maintenance (102)                     |  |      |  |
| Housing Specialist                                     |  |      |  |

| FY Budget   | % City Funded |
|-------------|---------------|
| \$25,000.00 | 29.41%        |
|             |               |
| \$15,000.00 | 33.33%        |
| \$10,000.00 | 25.00%        |
|             |               |
| FY Budget   | % City Funded |
| \$0.00      | 0.00%         |

| Fringe Benefits | Rate   | FY Budget  |
|-----------------|--------|------------|
| + Fringe Total  | 18.00% | \$4,500.00 |

Enter an **“Internal ID”** for the position. This field is optional and can be up to eight 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 - for example, the federal standard of a full time employee is 2,087.

For **“FY Budget,”** enter the amount allocated to the contract this fiscal year.

**Program Budget** \$60,000.00

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

Contracted Services | Unallocated Funds | Indirect Rate

**Personnel Services - Detail** Summary View | Detail View

City Salary & Fringe: \$29,500.00 Total Positions: 2

City Salary: \$25,000.00 Total City FTEs: 0.59

City Fringe: \$4,500.00 (18.00%)

|   | Salaried Positions              | Internal ID | Annual Salary      | Annual Hours    | FY Budget          | % City Funded |
|---|---------------------------------|-------------|--------------------|-----------------|--------------------|---------------|
| - | <b>Salaried Positions Total</b> |             | <b>\$85,000.00</b> | <b>4,174.00</b> | <b>\$25,000.00</b> | <b>29.41%</b> |
| + | 1 Food Service Worker (OASAS)   |             |                    |                 |                    |               |
| + | 2 Case Manager (301)            | abcdefg     | \$45,000.00        | 2,087.00        | \$15,000.00        | 33.33%        |
| + | 3 Case Manager (301)            | 1234567     | \$40,000.00        | 2,087.00        | \$10,000.00        | 25.00%        |

Delete + Add Edit Save Cancel Export Page 1 of 1

Click **“Save.”**

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

Repeat steps to enter additional Salaried Positions.

Click on the **“+”** symbol next to the Hourly Positions Total row to expand the grid

|   | Hourly Positions              | Internal ID | Rate    | Annual Hours    | FY Budget          | % City Funded |
|---|-------------------------------|-------------|---------|-----------------|--------------------|---------------|
| + | <b>Hourly Positions Total</b> |             |         | <b>2,087.00</b> | <b>\$10,000.00</b> | <b>23.96%</b> |
| + | 1 Case Manager (301)          | 1234567     | \$20.00 | 2,087.00        | \$10,000.00        | 23.96%        |

Delete + Add Edit Save Cancel Export Page 1 of 1

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

Select the **“Position Title”** that best corresponds to the Hourly Position your organization is adding to the budget.

Enter an **“Internal ID”** for the position. This field is optional and can be up to eight characters.

For **“Rate,”** enter the hourly rate earned from your organization.

For **“Annual Hours,”** enter the total hours the employee works for your organization.

For **“FY Budget,”** enter the City funded amount.

Click **“Save.”**

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

Repeat steps to enter additional Hourly Positions.

Click the **“+”** symbol next to the Fringe Total row to expand the grid

To enter Fringe Benefits, double click and enter a value in the **“FY Budget”** column

Click **“Save.”**

The total Fringe Rate will calculate at the top of the grid.

Click **“Export”** at the bottom of any table with saved information to export all rows to a CSV file.

Upon save, the detail entries summarize in the Summary View by position title.

Upon budget approval by DOHMH, the **“Detail View”** tab will lock and future actions will take place in the **“Summary View”** tab.

**Program Budget** \$60,000.00 ▼

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

Contracted Services | Unallocated Funds | Indirect Rate

---

**Personnel Services - Summary**

Summary View | Detail View

|                                  |                    |                         |   |
|----------------------------------|--------------------|-------------------------|---|
| <b>City Salary &amp; Fringe:</b> | \$36,000.00        | <b>Total Positions:</b> | 3 |
| <b>City Salary:</b>              | \$35,000.00        |                         |   |
| <b>City Fringe:</b>              | \$1,000.00 (2.86%) |                         |   |
| <b>YTD Invoiced Amount:</b>      | \$0.00             |                         |   |

| Salaried Positions         | # Positions | FY Budget   | YTD Invoiced Amount | Remaining Amount |
|----------------------------|-------------|-------------|---------------------|------------------|
| + Salaried Positions Total | 2           | \$25,000.00 | \$0.00              | \$25,000.00      |

| Hourly Positions         | # Positions | FY Budget   | YTD Invoiced Amount | Remaining Amount |
|--------------------------|-------------|-------------|---------------------|------------------|
| + Hourly Positions Total | 1           | \$10,000.00 | \$0.00              | \$10,000.00      |

| Fringe Benefits | Rate  | FY Budget  | YTD Invoiced Amount | Remaining Amount |
|-----------------|-------|------------|---------------------|------------------|
| Fringe Total    | 2.86% | \$1,000.00 | \$0.00              | \$1,000.00       |

### 1.3 Operations & Support

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

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

To fill in the amounts for each of the pertinent fields click on the amount, double click into the cell to enter the amount.

Click “**Save.**”

Fill out **ONLY** the following line items in HHS Accelerator for Operations & Support.

|   | Operations and Support                   | FY Budget     | YTD Invoiced Amount | Remaining Amount |
|---|--|---------------|---------------------|------------------|
| - | <b>Operations and Support</b>            | <b>\$0.00</b> | <b>\$0.00</b>       | <b>\$0.00</b>    |
|   | Office Supplies                          | \$0.00        | \$0.00              | \$0.00           |
|   | Facilities Repairs & Maintenance         | \$0.00        | \$0.00              | \$0.00           |
|   | Safety and Health                        | \$0.00        | \$0.00              | \$0.00           |
|   | Waste & Recycling Removal                | \$0.00        | \$0.00              | \$0.00           |
|   | 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 (Client)     | \$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       | \$0.00        | \$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                          | \$0.00        | \$0.00              | \$0.00           |
|   | 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           |

Incentive payments and bonuses – Consistent with [DOHMH’s Fiscal Manual](#), incentive payments and bonuses are not allowed and will not be paid. Refer to Section 3.7 Limitation on Use of Funds for disallowed incentive payments and bonuses.

Approval is required for equipment purchases valued at \$5,000 or more. Utilize the grid to detail equipment purchases either at the time initial budget submission or via a budget modification during the FY.

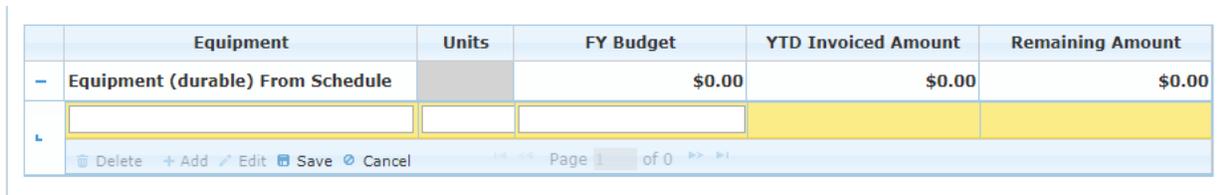
| PK24988_15/15 Supported Housing                 |  | \$2,884,207.00 ▼                |                            |
|---|--|---------------------------------|----------------------------|
| Budget Summary                                  | Personnel Services                       | <b>Operations &amp; Support</b> | Utilities                  |
| Contracted Services                             | Unallocated Funds                        | Indirect Rate                   | Program Income             |
| Professional Services                           |  | Rent                            |                            |
| <b>OTPS - Operations and Support</b>            |  |                                 |                            |
| <b>Total Operations, Support and Equipment:</b> |  | \$320,073.00                    |                            |
| <b>Total YTD Invoiced Amount:</b>               |  | \$0.00                          |                            |
|   | <b>Operations and Support</b>            | <b>FY Budget</b>                | <b>YTD Invoiced Amount</b> |
| <b>+</b>  | <b>Operations and Support</b>            | <b>\$311,273.00</b>             | <b>\$0.00</b>              |
|   | <b>Remaining Amount</b>                  | <b>\$311,273.00</b>             |                            |
|   | <b>Equipment</b>                         | <b>Units</b>                    | <b>FY Budget</b>           |
| <b>-</b>  | <b>Equipment (durable) From Schedule</b> |                                 | <b>\$8,800.00</b>          |
|   |  |                                 | <b>YTD Invoiced Amount</b> |
|   |  |                                 | <b>Remaining Amount</b>    |
|   | Ipad                                     | 4                               | \$2,000.00                 |
|   | Computers                                | 8                               | \$5,600.00                 |
|   | Printing/Fax/Scanner (Rental)            | 2                               | \$1,200.00                 |
|   |  |                                 | \$0.00                     |
|   |  |                                 | \$2,000.00                 |
|   |  |                                 | \$5,600.00                 |
|   |  |                                 | \$1,200.00                 |

To Enter Equipment,

Click on the “+” symbol next to the “**Equipment (durable) From Schedule**” row to expand the grid

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

Enter the Description, unit total and FY Budget. Please note, this grid can accommodate multiple lines by continuing to add rows using the “+Add” button. Units should be filled out accurately.



|   | Equipment                         | Units | FY Budget | YTD Invoiced Amount | Remaining Amount |
|---|-----------------------------------|-------|-----------|---------------------|------------------|
| - | Equipment (durable) From Schedule |       | \$0.00    | \$0.00              | \$0.00           |
| + |                                   |       |           |                     |                  |

Delete + Add Edit Save Cancel Page 1 of 0

Click “**Save.**”

Repeat steps to enter additional Equipment

## 1.4 Utilities

Next, click **“Utilities.”**

Utilities relate to costs such as electricity, water, gas and telecommunications.

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

Double click and (if applicable) enter a value in the **“Invoice Amount”** box, and then click **“Save.”**

| Program Budget                |                    | \$60,000.00 ▼        |                   |                       |      |
|-------------------------------|--------------------|----------------------|-------------------|-----------------------|------|
| Budget Summary                | Personnel Services | Operations & Support | <b>Utilities</b>  | Professional Services | Rent |
| Contracted Services           | Unallocated Funds  | Indirect Rate        |                   |                       |      |
| <b>OTPS - Utilities</b>       |                    |                      |                   |                       |      |
| Utilities                     | FY Budget          | YTD Invoiced Amount  | Remaining Amount  |                       |      |
| <b>Operations and Support</b> | <b>\$1,500.00</b>  | <b>\$0.00</b>        | <b>\$1,500.00</b> |                       |      |
| Telephone - Land lines        | \$0.00             | \$0.00               | \$0.00            |                       |      |
| Electric                      | \$1,000.00         | \$0.00               | \$1,000.00        |                       |      |
| 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              | 500.00             | \$0.00               | \$500.00          |                       |      |
| Internet Connectivity         | \$0.00             | \$0.00               | \$0.00            |                       |      |
| Mobile Phones                 | \$0.00             | \$0.00               | \$0.00            |                       |      |
| Bundled Communications        | \$0.00             | \$0.00               | \$0.00            |                       |      |
| Edit Save Cancel              |                    |                      |                   |                       |      |

## 1.5 Professional Services

Next, click the **“Professional Services”** tab. Professional Services costs are associated with independent entities with professional or technical skills, such as accounting or legal services that support vendor operations.

Program Budget \$60,000.00

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

Contracted Services | Unallocated Funds | Indirect Rate

**OTPS - Professional Services**

| OTPS Professional Services | FY Budget   | YTD Invoiced Amount | Remaining Amount |
|----------------------------|-------------|---------------------|------------------|
| - Professional Services    | \$10,000.00 | \$0.00              | \$10,000.00      |
| Accounting Costs           | 10000.00    | \$0.00              | \$10,000.00      |
| Legal Costs                | \$0.00      | \$0.00              | \$0.00           |
| Audit Expense              | \$0.00      | \$0.00              | \$0.00           |
| Other                      | \$0.00      | \$0.00              | \$0.00           |

Edit Save Cancel

## 1.6 Rent

Next, click **“Rent.”**

Rent includes all rent paid by a program for all sites utilized by that program. Maintenance and repair costs are separated from rent and should be recorded in the Facilities Repairs & Maintenance line of the Operations & Support tab.

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

Click **“+Add.”**

Enter Rent information.

Program Budget \$60,000.00

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

Contracted Services | Unallocated Funds | Indirect Rate

**OTPS - Rent**

| Locations | Management Company Name | Property Owner | Public School Space | % Charged to Contract | FY Budget  | YTD Invoiced Amount | Remaining Amount |
|-----------|-------------------------|----------------|---------------------|-----------------------|------------|---------------------|------------------|
| - Rent    |                         |                |                     |                       | \$3,000.00 | \$0.00              | \$3,000.00       |
| Location  | Company                 | Owner          | No                  | 75.00                 | 3000.00    | \$0.00              | \$3,000.00       |

Delete +Add Save Cancel Page 1 of 1

Click **“Save.”**

## 1.7 Contracted Services

Next, click 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 provider staff. Also, costs for independent (usually non-profit) entities retained to perform program services are also included in this category.

- If the services support the mission of the contract, then the prime contractor must comply with the subcontractor approval processes (*See pg. 20*). Record the projected expenses in the lines of OTPS - Contracted Services – Sub-contractors.

| Program Budget  |                        |            |                     |                  | \$60,000.00 |
|---|------------------------|------------|---------------------|------------------|-------------|
| <div style="display: flex; justify-content: space-between;"> <span>Budget Summary</span> <span>Personnel Services</span> <span>Operations &amp; Support</span> <span>Utilities</span> <span>Professional Services</span> <span>Rent</span> </div> |                        |            |                     |                  |             |
| <div style="display: flex; justify-content: space-between;"> <span><b>Contracted Services</b></span> <span>Unallocated Funds</span> <span>Indirect Rate</span> </div>   |                        |            |                     |                  |             |
| <b>OTPS - Contracted Services</b>   |                        |            |                     |                  |             |
| <b>Total Contracted Services:</b>   |                        |            | \$3,000.00          |                  |             |
| <b>YTD Invoiced Amount:</b>   |                        |            | \$0.00              |                  |             |
| OTPS Contracted Services  | Description of Service | FY Budget  | YTD Invoiced Amount | Remaining Amount |             |
| - Consultants   |                        | \$3,000.00 | \$0.00              | \$3,000.00       |             |
| Dr. Smith   | Psychiatric Services   | \$3,000.00 | \$0.00              | \$3,000.00       |             |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <span>Delete + Add Edit Save Cancel</span> <span>Page 1 of 1</span> </div>  |                        |            |                     |                  |             |
| OTPS Contracted Services  | Description of Service | FY Budget  | YTD Invoiced Amount | Remaining Amount |             |
| + Sub-Contractors   |                        | \$0.00     | \$0.00              | \$0.00           |             |
| OTPS Contracted Services  | Description of Service | FY Budget  | YTD Invoiced Amount | Remaining Amount |             |
| + Vendors   |                        | \$0.00     | \$0.00              | \$0.00           |             |

- If the services support the administrative functioning of the organization, then these are probably not subject to the subcontractor approval processes. Record the projected expenses in the lines of OTPS - Contracted Services – Vendors.

**Program Budget** \$60,000.00

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

**Contracted Services** | Unallocated Funds | Indirect Rate

**OTPS - Contracted Services**

Total Contracted Services: \$3,000.00

YTD Invoiced Amount: \$0.00

| OTPS Contracted Services | Description of Service | FY Budget  | YTD Invoiced Amount | Remaining Amount |
|--------------------------|------------------------|------------|---------------------|------------------|
| - Consultants            |                        | \$3,000.00 | \$0.00              | \$3,000.00       |
| Dr. Smith                | Psychiatric Services   | \$3,000.00 | \$0.00              | \$3,000.00       |

Delete + Add Edit Save Cancel Page 1 of 1

| OTPS Contracted Services | Description of Service | FY Budget | YTD Invoiced Amount | Remaining Amount |
|--------------------------|------------------------|-----------|---------------------|------------------|
| + Sub-Contractors        |                        | \$0.00    | \$0.00              | \$0.00           |

| OTPS Contracted Services | Description of Service | FY Budget | YTD Invoiced Amount | Remaining Amount |
|--------------------------|------------------------|-----------|---------------------|------------------|
| + Vendors                |                        | \$0.00    | \$0.00              | \$0.00           |

### 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 DOHMH approved 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.

### 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.

## 1.8 Indirect Rate

Click on the “**Indirect Rate**” tab. Indirect Rate costs are related to administrative overhead incurred by a provider operating several programs. Providers that participated in the ICR initiative should budget in accordance with their latest approved delta template.

Effective July 1, 2019 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 DOHMH’s Fiscal Manuals and the Cost Manual, the Cost Manual shall take precedence. The Cost Manual was established to set guidance on indirect cost rate development and cost policies.

The Cost Manual can be found using this link: [Indirect Implementation - NYC Nonprofits](#)

**Program Budget** \$60,000.00 ▼

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

Contracted Services | Unallocated Funds | **Indirect Rate**

---

**Indirect Rate**

**Indirect Rate:** 10.89%

|   | Total Indirect Costs        | FY Budget         | YTD Invoiced Amount | Remaining Amount  |
|---|-----------------------------|-------------------|---------------------|-------------------|
| - | <b>Indirect Costs Total</b> | <b>\$6,000.00</b> | <b>\$0.00</b>       | <b>\$6,000.00</b> |
| + | Indirect Costs              | \$6,000.00        | \$0.00              | \$6,000.00        |

[Edit](#) [Save](#) [Cancel](#)

Finally, click on the “**Budget Summary**” tab. From the Budget Summary tab, the overall budget is displayed. 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 grid.

| <b>Budget Summary</b>   |             |                      |                  |                       |      |
|---|-------------|----------------------|------------------|-----------------------|------|
| Personnel Services  |             | Operations & Support | Utilities        | Professional Services | Rent |
| Contracted Services   |             | Unallocated Funds    | Indirect Rate    |                       |      |
| <b>Budget Summary</b> <a href="#">View Printer Friendly Version</a>             |             |                      |                  |                       |      |
| Line Item   | FY Budget   | YTD Invoiced Amount  | Remaining Amount |                       |      |
| - Total City Funded Budget  | \$60,000.00 | \$0.00               | \$60,000.00      |                       |      |
| <b>Total Direct Costs</b>   | \$54,000.00 | \$0.00               | \$54,000.00      |                       |      |
| - Total Salary and Fringe   | \$36,000.00 | \$0.00               | \$36,000.00      |                       |      |
| Total Salary  | \$35,000.00 | \$0.00               | \$35,000.00      |                       |      |
| Total Fringe  | \$1,000.00  | \$0.00               | \$1,000.00       |                       |      |
| - Total OTPS  | \$18,000.00 | \$0.00               | \$18,000.00      |                       |      |
| Operations, Support and Equipment   | \$1,600.00  | \$0.00               | \$1,600.00       |                       |      |
| Utilities   | \$400.00    | \$0.00               | \$400.00         |                       |      |
| Professional Services   | \$10,000.00 | \$0.00               | \$10,000.00      |                       |      |
| Rent & Occupancy  | \$3,000.00  | \$0.00               | \$3,000.00       |                       |      |
| Contracted Services   | \$3,000.00  | \$0.00               | \$3,000.00       |                       |      |
| <b>Total Rate Based</b>   | \$0.00      | \$0.00               | \$0.00           |                       |      |
| <b>Total Milestone Based</b>  | \$0.00      | \$0.00               | \$0.00           |                       |      |
| <b>Unallocated Funds</b>  | \$0.00      | \$0.00               | \$0.00           |                       |      |
| <b>Total Indirect Costs</b>   |             |                      |                  |                       |      |
| Indirect Rate 11.11 %   |             |                      |                  |                       |      |
| <b>Total Indirect Costs</b>   | \$6,000.00  | \$0.00               | \$6,000.00       |                       |      |
| <b>Total Program Income</b><br>(Excluded from City Funded Budget; Not Invoiced) | \$0.00      | \$0.00               | \$0.00           |                       |      |
| <b>Total Program Budget</b><br>(City Funded Budget + Program Income)            | \$60,000.00 | \$0.00               | \$60,000.00      |                       |      |

In the Budget Summary Tab, locate the Site Information. Click on the green “+ Add Site” button to enter the site location information where the services are delivered. For Scattered Site Housing Programs, use your organization’s headquarters.

Click “Save”.

**Service Site Information**  
Please enter an address for each site where your organization proposes to deliver services.

[+ Add Site](#)

| Site Name                     | Address 1 | Address 2 | City | State | Zip Code | Action |
|-------------------------------|-----------|-----------|------|-------|----------|--------|
| No sites have been entered... |           |           |      |       |          |        |

Documents

Advances

Assignments

Unallocated Funds \$0.00 \$0.00 \$0.00

Total Indirect Costs

Indirect Rate 11.11 %

Total Indirect Costs \$6,000.00 \$0.00 \$6,000.00

Total Program Income \$0.00 \$0.00

(Excluded from City Funded Budget)

Total Program Budget \$0.00 \$60,000.00

(City Funded Budget + Program Income)

**Add/Edit Site Information**

**Add/Edit Site Information**

\* Site Name: Site Name

\* Address 1: Site Address

Address 2: Site 123

\* City: New York

\* State: NY

\* Zip Code: 10007

Cancel Save

Documents

Advances

Assignments

Comments View Comments History Save

Enter any comments:

## 1.9 Unallocated Funds

“Unallocated funds” is a line item in the Budget. Funds in this line item, made available to the Department, cannot be spent by the Contractor unless they are allocated to another line in the budget through a budget modification that is pre-authorized by the Department. For FY24, initial budgets will not include unallocated funds. Should funds become available during the FY, a contract configuration task will be launched placing available funding into the “Unallocated Funds” section at which point a budget modification should be submitted requesting to shift these funds to the appropriate line item.

## 2.0 Program Income

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 DOHMH services may be included. 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 DOHMH program funded in this Fiscal Year. However, Agencies that receive funding from other sources are required to report this funding if it is applied to the DOHMH line item budget and impacts the Gross Amount.

To the extent funding realized through other sources is applied to the budget, it should be attributed to the sections that it is related to. For example, SNAP benefits should be used to offset food expenses or client income for housing programs should be used to offset rent expenses. During the year, any changes to the revenue enhancements reported in the approved budget would be made through the budget modification process. Dollar amounts indicated for Revenue are considered Agency responsibility and not DOHMH.

| Prov Demo - ACS Residential Care 3 |                    | \$30,000.00          |                   |                       |                |
|------------------------------------|--------------------|----------------------|-------------------|-----------------------|----------------|
| Budget Summary                     | Personnel Services | Operations & Support | Utilities         | Professional Services | Rent           |
| Contracted Services                | Rate               | Milestone            | Unallocated Funds | Indirect Rate         | Program Income |
| <b>Program Income</b>              |                    |                      |                   |                       |                |
| Program Title                      | FY Budget          | Income               | Remaining Amount  |                       |                |
| + Program Income                   | \$0.00             | \$0.00               | \$0.00            |                       |                |

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.

## 2.1 Backup Documentation

In accordance with the Standard HHS Invoice Review Policy, the following documents should be submitted with the budget and verified at the time of budgeting:

| <b>Category</b> | <b>Backup Documentation Requirement</b>   |
|-----------------|---|
| Fringe Benefits | Audited financial statement that supports the proposed fringe rate.   |
| Rent            | Leased Provider spaces – Lease agreements and certification that the lease agreement is not between related parties (except for housing contracts). |
| Insurance       | Proof of insurance cost and coverage period.  |

| <b><u>Category</u></b>               | <b><u>Backup Documentation Requirement</u></b>   |
|--------------------------------------|--|
| Service Dollar/<br>Contingency Funds | Description of internal control governing usage of service dollars/ contingency funds  |
| Subcontractor                        | Subcontractor Agreement Form with DOHMH approval signature, license agreements, vendor agreements  |
| Cost Allocation and Disclosure Form  | <p>The Cost Allocation and Disclosure form will include cost allocation percentage and methodology, related party and ICR distorting factors disclosures.</p> <p>Additional information concerning the Related Party Disclosure Policy can be found in the <a href="#">DOHMH Health and Human Services Fiscal Manual</a> (Section 3.7 Limitation on Use of Funds)</p>  |
| Indirect Cost Rate                   | <p>For Providers that participated in the MOCS Indirect Cost Rate initiative, please indicate on the 'DOHMH Cost Allocation and Disclosure Form' the distorting factors your agency used when establishing your Indirect Cost Rate with the City. Please follow the guidelines outlined in the <a href="#">City of New York Health and Human Services Cost Policies and Procedures Manual</a>.</p> <p>Providers who did not participate should follow the City of New York Health and Human Services Cost Policies and Procedures Manual, Appendix – Frequently Asked Questions, Section D City Process for Accepted ICRs.</p> <p>For further information regarding the MOCS Indirect Cost Rate initiative, please visit the following link: <a href="#">Indirect Implementation - NYC Nonprofits</a>.</p> |

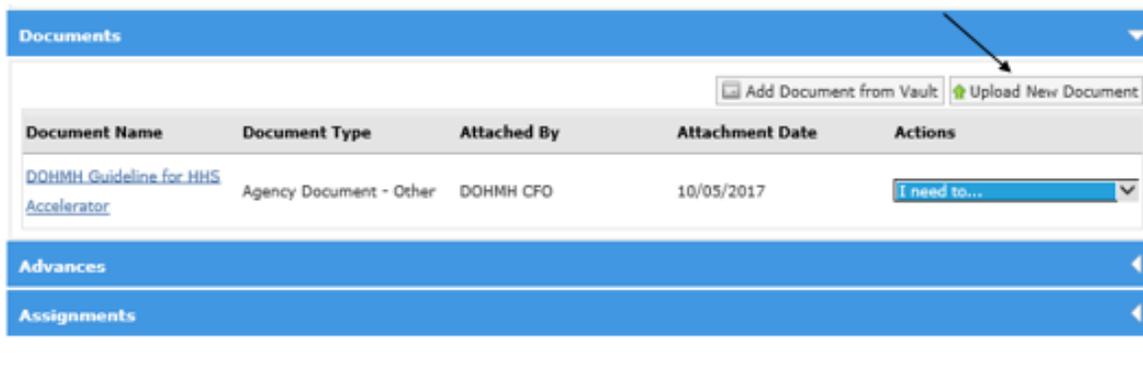
## 2.2 Uploading Documents

The required documents should be uploaded in the Documents Section in the budget.

At the start of each fiscal year (budget approval process), a Cost Allocation must be submitted on the template supplied by the Department. The Cost Allocation, please review the Excel documentation on page 47 of this manual, may be required to be updated when a budget modification request is submitted.

Click on the “**Documents**” header to open the documents section.

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



Select the “**Document Type.**”

Click the “**Choose File**” button and select the document from your computer.

Enter the “**Document Name.**”

Click “**Next.**”

Enter required document information, if applicable, and confirm existing information.

Click “**Next.**”

Select where in the Document Vault to save a copy of this file.

Click “**Upload Document.**”

Backup Documents Naming Convention

The name of the backup documents should be in the format described below:

Fiscal Year Type of Budget Activity\_Provider Name\_Document Name\_Version

For example: **FY18\_Budget Mod\_ChildFirst\_Lease Agreement\_V1**

**Upload Document**

**Upload Document**

Step 1: File Selection    Step 2: Document Information    Step 3: Document Location

Select a document type, then browse your computer for the file to upload.

\* Indicates a Required Field

\* **Document Type:** Financials - Other

\* **Select the file to upload:** \\csc.nycnet\mocs\moc Browse...

\* **Document Name:** FY18\_Budget Modificati

Cancel Next

**Upload Document**

**Upload Document**

Step 1: File Selection    **Step 2: Document Information**    Step 3: Document Location

Please enter required Document Information, if applicable, and confirm the existing information.  
Note: If this is replacing an existing document, any sharing privileges will be applied to this document.

**Document Type:** Financials - Other

**Document Name:** FY18\_Budget Mod\_Childfirst\_Lease  
Agrmt\_V1

**File Type:** DOCX

Cancel Back Next

**Upload Document**

**Upload Document**

Step 1: File Selection    Step 2: Document Information    **Step 3: Document Location**

Select the folder location to upload your document

Document Vault

Cancel Back Upload Document

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

**Documents**

✓ Document uploaded successfully

Add Document from Vault Upload New Document

| Document Name   | Document Type           | Attached By       | Attachment Date | Actions      |
|---|-------------------------|-------------------|-----------------|--------------|
| <a href="#">FY18_Budget Mod_Childfirst_Lease Agrmt_V1</a> | Financials - Other      | provider provider | 10/06/2017      | I need to... |
| <a href="#">DOHMH Guideline for HHS Accelerator</a>       | Agency Document - Other | DOHMH CFO         | 10/05/2017      | I need to... |

If you want to write a General comment to the Agency, you can complete in the comment box below and Click Save.

**Program Budget** \$60,000.00 ▼

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

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

| Line Item   | FY Budget   | YTD Invoiced Amount | Remaining Amount |
|---|-------------|---------------------|------------------|
| + Total City Funded Budget  | \$60,000.00 | \$0.00              | \$60,000.00      |
| <b>Total Program Income</b><br>(Excluded from City Funded Budget; Not Invoiced) | \$0.00      | \$0.00              | \$0.00           |
| <b>Total Program Budget</b><br>(City Funded Budget + Program Income)            | \$60,000.00 | \$0.00              | \$60,000.00      |

**Service Site Information**  
Please enter an address for each site where your organization proposes to deliver services.

[+ Add Site](#)

| Site Name                     | Address 1 | Address 2 | City | State | Zip Code | Action |
|-------------------------------|-----------|-----------|------|-------|----------|--------|
| No sites have been entered... |           |           |      |       |          |        |

**Documents** | **Advances** | **Assignments**

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

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

3000 characters left

After reviewing the budget, adding the site, uploading backup documentation, click “Submit.”

**Fiscal Year Budget Information**

| Start Date | End Date   | FY Budget   | YTD Invoiced Amount | Remaining Amount | YTD Actual Paid Amount | Unrecouped Advance Amount |
|------------|------------|-------------|---------------------|------------------|------------------------|---------------------------|
| 07/01/2017 | 06/30/2018 | \$60,000.00 | \$0.00              | \$60,000.00      | \$0.00                 | \$0.00                    |

View Related: [Contract](#) | [Invoices](#) | [Payments](#)

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

**Program Budget** \$60,000.00 ▼

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

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

The screenshot shows a window titled "Confirm Submission" with a close button (X) in the top right corner. The main heading is "Submit Contract Budget". Below this, it asks "Are you sure you want to submit this Contract Budget?". A note states "\* Indicates a required field". There is a checked checkbox with the text "I agree to submit this Budget to the Agency for review.". Below this are two input fields: "\* User Name:" and "\* Password:". At the bottom, there are two buttons: "No, do NOT submit this Budget" (grey) and "Yes, submit this Budget" (green).

Enter your "User Name" and "Password" as your signature.

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

Once your budget has been submitted, the Budget Status will change to Pending Approval. DOHMH will approve the budget or return it for revision. System users will receive notifications and alerts, in the system and in your email inbox, if actions are required by your organization. When a budget is in Pending Approval status, you will not be able to make changes to the budget. If the Agency requires that you edit the budget they will return the budget for revisions. A green message bar will confirm that your budget was successfully submitted and will be reviewed by the Agency.

The screenshot shows a page titled "Contract Budget" with a "Return to Budget List" link and a help icon (question mark) in the top right. A green message bar at the top states: "Contract Budget has been successfully submitted and will be reviewed by the Agency." Below this, the status is "Status: Pending Approval" with a "Print Budget" link. The "Contract Information" section is divided into two columns of key-value pairs:

|                                    |   |                             |                 |
|------------------------------------|---|-----------------------------|-----------------|
| <b>Agency:</b>                     | Department of Health and Mental Hygiene (DOHMH)   | <b>CT#:</b>                 | Not Registered  |
| <b>Procurement/Contract Title:</b> | Recreational and Socialization Services for Individual with Autism Spectrum Disorders Initiative Contract 1 | <b>Contract Start Date:</b> | 12/01/2017      |
| <b>Provider:</b>                   | HELP Social Service Corporation   | <b>Contract End Date:</b>   | 06/30/2019      |
| <b>Procurement E-PIN:</b>          | 81600000001   | <b>Contract Amount:</b>     | \$120,000.00    |
| <b>Award E-PIN:</b>                | 81600000001   | <b>Program Name:</b>        | Screening (MHy) |

## 2.3 Contract Budget Modification

The purpose of the following procedure is to give Providers flexibility by allowing them to request modifications to their budgets. Additionally, this procedure ensures that these budget modifications are documented and result in an officially revised budgets, accepted and approved by the Provider and DOHMH.

All Budget Modifications are to be submitted through the HHS Accelerator system. In HHS Accelerator, a budget modification can only be initiated on a budget that is in **Active status**. This status means that the budget has been approved and the contract has been registered. A budget modification request cannot be initiated if there are outstanding invoices, outstanding payments, updates or negative amendments currently in progress for the contract. Conversely, please note that if there is a pending budget modification, any outstanding invoices cannot be paid until the budget modification is approved.

**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 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.

**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, and loss of funding for expenditures where these policies were not followed.

All changes to budgets are to be submitted on a line item basis. If there are changes to categories where an attachment was initially submitted (at the Annual Contract Budget Review), then a revised attachment must be submitted with the Contract Budget Modification. In addition, the "Cost Allocation and Disclosure Form" must be updated as necessary to reflect the changes resulting from the requested 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.

The Comments section should be utilized to briefly communicate why the changes are being requested. DOHMH will request additional information if necessary. DOHMH reserves the right to revoke the Provider's ability to make Budget Modifications for any amount without prior approval from DOHMH. In such circumstances, DOHMH will notify the Provider in writing explaining the reasons for revocation.

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

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

The screenshot shows the NYC HHS Accelerator Provider Homepage. At the top, there is a navigation bar with tabs for Organization Information, Document Vault, Applications, Procurements, and Financials. The Financials tab is currently selected. To the right of the navigation bar, there are icons for home, a bell, a question mark, a user profile, and a refresh icon. Below the navigation bar, there is a sub-header "Manage budgets, invoices and payment" with a question mark icon.

The main content area is titled "Provider Homepage" and contains several sections:

- Document Vault:** Shows 36 Documents in your Document Vault.
- Alerts:** Shows 1955 Alerts remaining in your Alerts inbox and 3 User account requests requiring action.
- Application:** Shows your current organization status as "Approved", your business application status as "Approved", 1 pending Service Application, and 2 approved Service Applications.
- Procurements:** Shows RFPs you're eligible for will be released within 30 days, RFPs you're eligible for have due dates within 30 days, RFPs with draft or submitted proposals, and RFPs with proposals determined eligible for award.
- Financials:** Shows a table of financial items:
 

|                                |   |
|--------------------------------|---|
| Contracts pending registration | Modifications and Updates pending submission    |
| Active Budgets                 | Modifications and Updates pending approval      |
| Budgets pending submission     | Modifications and Updates returned for revision |
| Budgets pending approval       | Invoices pending submission                     |
| Budgets returned for revision  | Invoices pending approval                       |
|                                | Invoices returned for revision                  |
- Documents Shared with your Organization:** Shows that organizations have shared 1 or more documents with you. It includes a dropdown menu to select an organization and a "Continue" button.
- NYC.ID Account Management:** Shows links to update your NYC.ID Name or Email, update your NYC.ID Password, and update your NYC.ID Security Questions.

Click on the “Budget List” tab.

**Financials**

Contract List | Budget List | Invoice List | Payment List | Amendment List

**Contract List** ?

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

Filter Contracts ▾ Contracts: 2  
Total Value of Active Contracts: \$123057800.69

| Procurement/Contract Title | Agency | CT#               | Contract Value(\$) | Date of Last Update | Status ▲             |
|----------------------------|--------|-------------------|--------------------|---------------------|----------------------|
| EITC Contract Example      | DCA    | --                | 400,000.00         | 10/05/2016          | Pending Registration |
| 008-EITC-Example           | DCA    | CT180620151000071 | 400,000.00         | 10/26/2016          | Registered           |

Contracts: 2

Locate the fiscal year budget **Contract Budget** you wish to modify, and select “Modify Budget” from the Action drop-down list.

**NYC**  
HHS Accelerator

Organization Information | Document Vault | Applications | Procurements | **Financials**

Text Size: A A A

Welcome: Test OneEdit, Test

**Financials**

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

**Budget List** ?

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

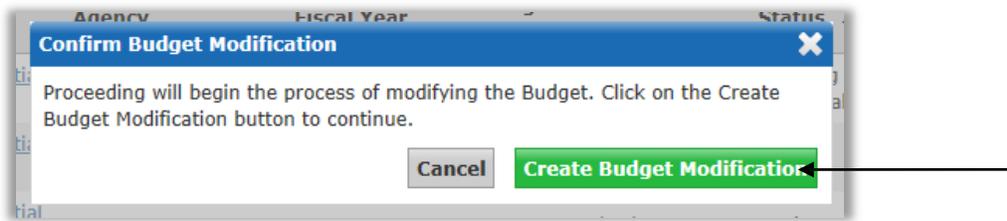
Filter Budgets ▾ Budgets: 2

| Procurement/Contract Title            | Agency | Fiscal Year | CT#               | Budget Value (\$) | Date of Last Update | Status ▲           | Action  |
|---------------------------------------|--------|-------------|-------------------|-------------------|---------------------|--------------------|---|
| <a href="#">EITC Contract Example</a> | DCA    | 2016        |                   | 100,000.00        | 10/05/2016          | Pending Submission | I need to...  |
| <a href="#">008-EITC-Example</a>      | DCA    | 2017        | CT180620151000071 | 200,000.00        | 10/27/2016          | Active             | <ul style="list-style-type: none"> <li>I need to...</li> <li>View Budget</li> <li>Submit Invoice</li> <li>Modify Budget</li> <li>Request Advance</li> </ul> |

Budgets: 2

Modify B

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



Click on the first blue header to expand the **“Budget Summary”** section for the budget.

**Contract Budget - Modification** [Return to Budget List](#)

Status: Pending Submission

**Contract Information**

|                                    |                                      |                             |                                  |
|------------------------------------|--------------------------------------|-----------------------------|----------------------------------|
| <b>Agency:</b>                     | Department of Consumer Affairs (DCA) | <b>CT#:</b>                 | CT180620151000071                |
| <b>Procurement/Contract Title:</b> | 008-EITC-Example                     | <b>Contract Start Date:</b> | 07/01/2016                       |
| <b>Provider:</b>                   | Test                                 | <b>Contract End Date:</b>   | 06/30/2019                       |
| <b>Procurement E-PIN:</b>          | 806JHI0000071                        | <b>Contract Amount:</b>     | \$400,000.00                     |
| <b>Award E-PIN:</b>                | 806JHI0000071                        | <b>Program Name:</b>        | NYC Annual Tax Season Initiative |

**Fiscal Year Budget Information**

| Start Date | End Date   | FY Budget    | YTD Invoiced Amount | Remaining Amount | YTD Actual Paid Amount |
|------------|------------|--------------|---------------------|------------------|------------------------|
| 07/01/2016 | 06/30/2017 | \$200,000.00 | \$0.00              | \$200,000.00     | \$0.00                 |

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

- EITC Budget Example \$200,000.00 <
- Documents <
- Advances <
- Assignments <

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

| Prov Demo - ACS Residential Care   |                    |                  |                     |                 | \$20,000.00 |
|--|--------------------|------------------|---------------------|-----------------|-------------|
| <b>Budget Summary</b>   Personnel Services   Operations & Support   Utilities   Professional Services   Rent |                    |                  |                     |                 |             |
| Contracted Services   Rate   Milestone   Unallocated Funds   Indirect Rate   Program Income                  |                    |                  |                     |                 |             |
| <b>Budget Summary</b>  |                    |                  |                     |                 |             |
| 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     |             |
| <b>Total Program Income</b>  |                    |                  |                     |                 |             |
| (Excluded from City Funded Budget; Not Invoiced)   |                    |                  |                     |                 |             |
|  | \$0.00             | \$0.00           | \$0.00              | \$0.00          |             |
| <b>Total Program Budget</b>  |                    |                  |                     |                 |             |
| (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, you will navigate to the **Budget Tabs** to reallocate funding amongst the budget areas as needed. The sum of the modifications may not change the overall value of the 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. Or, funds can be redistributed across budget tabs, as long as you do not budget above or below the budget value (dollar amount in the blue header).

**In the PS tab, modifications are entered on the Summary View which is a consolidation of the line items** entered in the PS Detail View by **Position Category** at the beginning of the fiscal year.

The staffing plan entered into the Detail View at the beginning of the fiscal year is a point in time data collection. Any modifications or changes to the budget after will not update in the Detail View. An informational message is provided in the Detail View (screenshot).

Changes across categories may require a justification and updated Cost Allocation form.

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

**EITC Budget Example** \$200,000.00 ▼

**Personnel Services**

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

| Salaried Employees         | Approved FY Budget | Remaining Amount | Modification # FTEs | Modification Amount | Proposed Budget |
|----------------------------|--------------------|------------------|---------------------|---------------------|-----------------|
| + Salaried Employees Total | \$4,000.00         | \$4,000.00       |                     | \$0.00              | \$4,000.00      |

| Hourly Employees         | Approved FY Budget | Remaining Amount | Modification # Hours/Year | Modification Amount | Proposed Budget |
|--------------------------|--------------------|------------------|---------------------------|---------------------|-----------------|
| + Hourly Employees Total | \$1,000.00         | \$1,000.00       |                           | \$0.00              | \$1,000.00      |

| Seasonal Employees         | Approved FY Budget | Remaining Amount | Modification # Hours/Year | Modification Amount | Proposed Budget |
|----------------------------|--------------------|------------------|---------------------------|---------------------|-----------------|
| + Seasonal Employees Total | \$1,000.00         | \$1,000.00       |                           | \$0.00              | \$1,000.00      |

| 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".

| Salaried Employees         | Approved FY Budget | Remaining Amount | Modification # FTEs | Modification Amount | Proposed Budget |
|----------------------------|--------------------|------------------|---------------------|---------------------|-----------------|
| - Salaried Employees Total | \$4,000.00         | \$4,000.00       |                     | \$0.00              | \$4,000.00      |
| Director                   | \$3,000.00         | \$3,000.00       | 0.00                | \$0.00              | \$3,000.00      |
| Accountant (606)           | \$1,000.00         | \$1,000.00       | 0.00                | \$0.00              | \$1,000.00      |

Page 1 of 1

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

| Salaried Employees         | Approved FY Budget | Remaining Amount | Modification # FTEs | Modification Amount | Proposed Budget |
|----------------------------|--------------------|------------------|---------------------|---------------------|-----------------|
| - Salaried Employees Total | \$4,000.00         | \$4,000.00       |                     | \$0.00              | \$4,000.00      |
| Director                   | \$3,000.00         | \$3,000.00       | -0.50               | -1000.00            | \$3,000.00      |
| Accountant (606)           | \$1,000.00         | \$1,000.00       | 0.00                | \$0.00              | \$1,000.00      |

Select the 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.

| Salaried Employees         | Approved FY Budget | Remaining Amount | Modification # FTEs | Modification Amount | Proposed Budget |
|----------------------------|--------------------|------------------|---------------------|---------------------|-----------------|
| - Salaried Employees Total | \$4,000.00         | \$4,000.00       |                     | (\$1,000.00)        | \$3,000.00      |
| Director                   | \$3,000.00         | \$3,000.00       | -0.50               | (\$1,000.00)        | \$2,000.00      |
| Accountant (606)           | \$1,000.00         | \$1,000.00       | 0.50                | 1000.00             | \$1,000.00      |

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. The **“Total City Funded – Modification Amount”** should be zero.

**Fiscal Year Budget Information**

| Start Date | End Date   | FY Budget    | YTD Invoiced Amount | Remaining Amount | YTD Actual Paid Amount |
|------------|------------|--------------|---------------------|------------------|------------------------|
| 07/01/2016 | 06/30/2017 | \$200,000.00 | \$0.00              | \$200,000.00     | \$0.00                 |

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

---

**EITC Budget Example** \$200,000.00 ▼

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

Program Income

**Budget Summary**

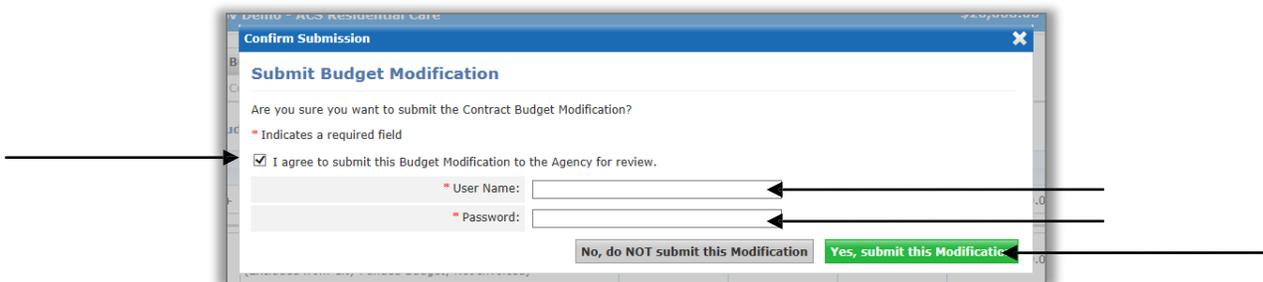
| Line Item  | Approved FY Budget | Remaining Amount | Modification Amount | Proposed Budget |
|--|--------------------|------------------|---------------------|-----------------|
| + Total City Funded Budget   | \$200,000.00       | \$200,000.00     | \$0.00              | \$200,000.00    |
| Total Program Income<br>(Excluded from City Funded Budget; Not Invoiced) | \$0.00             | \$0.00           | \$0.00              | \$0.00          |
| Total Program Budget<br>(City Funded Budget + Program Income)            | \$200,000.00       | \$200,000.00     | \$0.00              | \$200,000.00    |

**Service Site Information**

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”**.



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



# INVOICE AND PAYMENTS

## 1.1 Advance

Contracts are eligible for advances following registration with the New York City Comptroller's Office and budget approval for a given fiscal year. Until a contract or amendment is registered, the City is not permitted to release funds to a provider for any expenses incurred for the provision of services. All eligible contracts can initiate an advance request equivalent to at least 25% of their fiscal year budget. Requests from providers that have been cited for contract management issues will be subject to additional review.

Advances will be recouped from invoices during the last six months of the operating budget period for a given fiscal year. The number of recoupment payments will equal at least the number of months of advance and will not be required through a single payment. The City will make reasonable accommodations to the recoupment schedule to ensure operational continuity based on the financial situation and cash flow needs of the provider. Once all invoices have been submitted, any unrecovered advance amount will be owed to the City.

Best practice for Providers to ensure cash flow throughout the fiscal year is the submission of timely invoices according to the schedule on pg. 46. In the event this schedule is negatively impacting operations, Providers can submit monthly invoices. Providers can also request supplemental advances during the course of the fiscal year by justifying the need to have sufficient cash flow to fulfill the requirements of the contract. DOHMH may approve such requests upon review of the justification.

**Advance Request:**

To begin, click on the “Refresh” icon on the Financials section of the home page.

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

The screenshot displays the NYC HHS Accelerator Provider Homepage. At the top, there is a navigation bar with the NYC HHS Accelerator logo and several menu items: Organization Information, Document Vault, Applications, Procurements, and Financials. A 'Text Size' selector is also present. Below the navigation bar, a welcome message reads 'Welcome: John A. Doe, Org\_765'. The main content area is titled 'Provider Homepage' and is divided into several sections:

- Document Vault:** Shows 15 Documents in your Document Vault.
- Alerts:** Shows 16 Alerts remaining in your Alerts inbox and 0 User account requests requiring action.
- Application:** Displays the user's current organization status as 'Approved' and business application status as 'Approved'. It also shows 0 pending Service Applications and 2 approved Service Applications.
- Procurements:** Lists RFPs eligible for release within 30 days, RFPs with due dates within 30 days, RFPs with draft or submitted proposals, and RFPs with proposals determined eligible for award.
- Financials:** This section is highlighted with a blue bar and a refresh icon. It contains a list of financial items: 0 Contracts pending registration, 1 Modifications and Updates pending submission, 6 Active Budgets (highlighted with an arrow), 0 Budgets pending submission, 0 Modifications and Updates pending approval, 0 Budgets pending approval, 0 Modifications and Updates returned for revision, 0 Budgets returned for revision, 2 Invoices pending submission, 0 Invoices pending approval, and 0 Invoices returned for revision.
- Documents Shared with your Organization:** A message stating that no providers have shared documents with the user at this time.
- NYC.ID Account Management:** Provides links to update the user's NYC.ID Name or Email, Password, and Security Questions.

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

The screenshot shows the NYC HHS Accelerator Financials interface. The 'Financials' tab is active, and the 'Budget List' sub-tab is selected. A table lists budgets for the organization. The first row is selected, and its dropdown menu is open, 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...<br>View Budget<br>Submit Invoice<br>Modify Budget<br>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...  |

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”**

The screenshot shows a 'Request Advance' modal window. It contains the following fields and values:

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

At the bottom, there are 'Cancel' and 'Request Advance' buttons. Arrows point to the 'Advance Amount Requested(\$)' field, the 'Advance Description' field, and the 'Request Advance' button.

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

**Financials**

- Contract List
- Budget List
- Invoice List
- Payment List

**Budget List**

✓ ! Advance request submitted.

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

Filter Budgets ▾ Budgets:6

| Procurement/Contract Title                           | Agency | Fiscal Year | Budget Value(\$) | Date of Last Update | Status ▲ | Action         |
|--|--------|-------------|------------------|---------------------|----------|----------------|
| Ⓢ <a href="#">Prov Demo - ACS Residential Care</a>   | ACS    | 2014        | 20,000.00        | 01/02/2014          | Active   | I need to... ▾ |
| Ⓢ <a href="#">Prov Demo - ACS Residential Care 2</a> | ACS    | 2014        | 30,000.00        | 12/09/2013          | Active   | I need to... ▾ |
| Ⓢ <a href="#">Prov Demo - ACS Residential Care 6</a> | ACS    | 2014        | 30,000.00        | 12/09/2013          | Active   | I need to... ▾ |
| Ⓢ <a href="#">Prov Demo - ACS Residential Care 4</a> | ACS    | 2014        | 30,000.00        | 12/09/2013          | Active   | I need to... ▾ |
| Ⓢ <a href="#">Prov Demo - ACS Residential Care 5</a> | ACS    | 2014        | 30,000.00        | 12/09/2013          | Active   | I need to... ▾ |
| Ⓢ <a href="#">Prov Demo - ACS Residential Care 3</a> | ACS    | 2014        | 30,000.00        | 12/09/2013          | Active   | I need to... ▾ |

Budgets: 6

**Advance Recoupment**

Advances will be recouped starting with the 3<sup>rd</sup> quarter invoices. Please see standard schedule in the table below. However, DOHMH may adjust recoupment plan based on spending trend. 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.

| <b>Invoice</b>               | <b>Recoupment %</b>        |
|------------------------------|----------------------------|
| Quarter 1 (July-September)   | 0%                         |
| Quarter 2 (October-December) | 0%                         |
| Quarter 3 (January-March)    | 60%                        |
| April-May                    | 40%                        |
| June                         | Balance of advance if any. |

For providers that received bridge loans from the Fund for the City of New York, DOHMH may initiate advance requests in HHS Accelerator and these payments will be used to repay the loans.

## 1.2 Invoice Timeline

Providers must adhere to the following timeline for invoice submissions. Late invoice submissions may result in payment delays and/or negatively impacting annual contract performance evaluations. If the following schedule is resulting in cash flow constraints for the programs, providers can either request for supplemental advances, along with justification or submit a monthly invoice with the required supporting documentation. Invoices should be submitted by the 30<sup>th</sup> of the month following the service month.

| <b>Invoice</b>               | <b>Submission Due Date</b> |
|------------------------------|----------------------------|
| Quarter 1 (July-September)   | October 30 <sup>th</sup>   |
| Quarter 2 (October-December) | January 30 <sup>th</sup>   |
| Quarter 3 (January-March)    | April 30 <sup>th</sup>     |
| April-May                    | June 30 <sup>th</sup>      |
| June                         | July 31 <sup>st*</sup>     |

In order to expedite the review of invoices, providers shall submit separate invoices for each Program Unit/Budget. For example, if one contract has two programs (Program 1 and Program 2) with separate budgets in Accelerator, providers shall submit an individual invoice for Program 1 and another one for Program 2 for each invoice cycle. However, providers are required to submit all invoices for all programs at the same time for each invoice cycle, i.e., monthly or quarterly, to ensure that all programs are being accounted for, and to ensure timely payments for all programs. If a provider will not be able to submit an invoice for a specific program in their contract by the submission due date, the Provider should inform their DOHMH Program Consultant (s) of such before the due date and should be prepared to explain the reason(s) why an invoice will not be submitted for that Program within the stipulated time frame. The DOHMH Program Consultant will work with the Provider to create an action plan to ensure the outstanding invoice is submitted with minimal delays. If the submission due date has passed and the Provider has not submitted their invoice for the service period without communication to the Program Consultant (s) beforehand, the invoice will be considered passed due and the Provider will not be able to submit any future invoices until the previous invoice has been submitted.

\*In the event that you are unable to submit your final invoice by July 31<sup>st</sup>, please request an extension accompanied by estimated spending for FY.

If any month-end falls on a weekend, the agency will be allowed to submit the invoice by Monday following the weekend. The final invoice (June Invoice) must be submitted by July 31<sup>st</sup>, or August 2<sup>nd</sup> if the end of month is on the weekend.

## 1.3 Invoice Approval Process

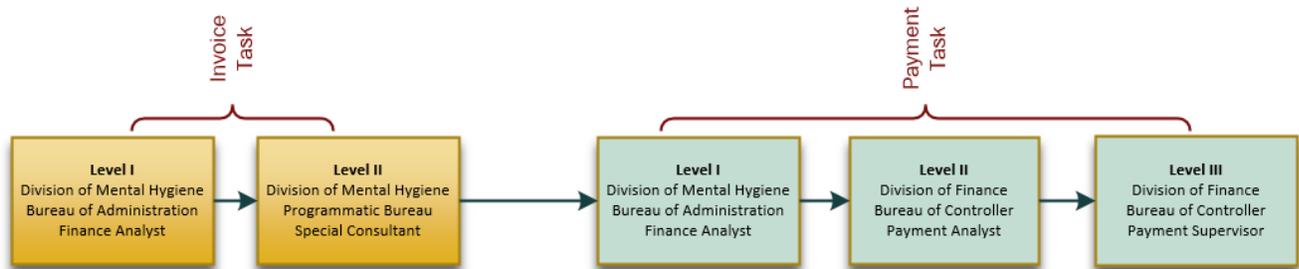
There are two approval levels within DOHMH for Invoice tasks:

- Level I – Division of Mental Hygiene, Bureau of Administration Payment Analyst
- Level II – Division of Mental Hygiene, Programmatic Bureau Special Consultant

For Payment tasks, there are three review levels in DOHMH:

- Level I – Division of Mental Hygiene, Bureau of Administration Payment Analyst
- Level II – Division of Finance, Bureau of Controller Payment Analyst
- Level III – Division of Finance, Bureau of Controller Payment Supervisor

DOHMH Invoice/Payment Workflow:



Agencies will conduct their initial review of the submitted invoice within 5-7 days of submission, at which time the invoice will be returned for resubmission or moved forward in the approval process. If an invoice is returned to the Provider, providers have 7 days to re-submit the corrected invoice. The Agency review will be concluded within two weeks of the last submission date.

- Once an invoice is reviewed and approved for payment, Agencies will execute payment within two business days. Based on standard system processing timelines, the electronic funds transfer can occur up to 5 business days after the Agency executes the payment.

These timelines will assist in performance monitoring and to test whether conditions for Enhanced Pre-Payment Review have been met.

## 1.4 Pre-Payment process

The pre-payment invoice review must also confirm that any equipment purchased was previously authorized and is properly inventoried.

This pre-payment review practice will be applied to Invoices through the May Service Period.

Each invoice will be accompanied with the following documents:

- Payroll ledger;
- Equipment purchase documentation, where applicable;
- Vendors should indicate in HHS Accelerator Invoice Comments any claimed expenses that were accrued expenditures, where applicable. Expenses claimed when accrued must not be claimed again when paid;
- Contracting Agencies may define additional standard documentation requirements for expenditures related to direct client assistance (e.g., financial assistance, transportation benefit)
- Such requirements will be identified and defined in the contracting Agency's Fiscal Manual and/or other Agency Program Guidance

The June service period invoice is due by July 30<sup>th</sup> and will be reviewed under the pre-payment policy.

Additionally, providers will be given an opportunity to submit a closeout invoice by January 15<sup>th</sup>.

**Please note that DOHMH reserves the right to request additional specific documentation in any category when necessary.**

## 1.5 Invoices Submission

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

First, click on the **green 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. At the top, there is a navigation bar with tabs for Organization Information, Document Vault, Applications, Procurements, and Financials. The Financials tab is selected. Below the navigation bar, the page is titled "Provider Homepage" and includes a welcome message for "provider provider, HELP Social Service Corporation".

The main content area is divided into several sections:

- Application:** Shows the organization's status as "Suspended (Filings Expired)" and provides information about pending and approved service applications. A warning message indicates that the business application expired on 07/03/2016.
- Filings:** Shows the filing status as "Expired" and provides details about the last approved filing, the next CHAR500 due date, and the registration type. A warning message indicates that the CHAR500 has expired.
- Procurements:** Shows the number of RFPs eligible for release and award within 30 days.
- Financials:** Shows the number of budgets pending submission, active budgets, budgets returned for revision, modifications and updates pending submission, invoices pending submission, and invoices returned for revision. A green refresh icon is visible in the top right corner of this section, and a blue arrow points to the "Active Budgets" link.
- Documents Shared with your Organization:** Indicates that no organizations have shared documents with the user at this time.
- NYC.ID Account Management:** Shows the number of user account requests requiring action and provides links to update the user's NYC.ID name or email, password, and security questions.

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

**Financials**

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

**Budget List** ?

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

Filter Budgets Budgets: 1

| Procurement/Contract Title  | Agency | Fiscal Year | CT#            | Budget Last Value(\$) | Last Updated | Status | Action  |
|---|--------|-------------|----------------|-----------------------|--------------|--------|---|
| <a href="#">Recreational and Socialization Services for Individual with Autism Spectrum Disorders Initiative Contract 1</a> | DOHMH  | 2018        | CT181600000003 | 60,000.00             | 10/11/2017   | Active | <div style="border: 1px solid black; padding: 5px;">           I need to...<br/>           View Contract<br/>           View Invoices<br/>           View Budget<br/>           Submit Invoice<br/>           Modify Budget<br/>           Request Advance         </div> |

Budgets: 1

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

The following naming convention for the **Provider Invoice Number** must be followed:

- **Advance request:** Applicable FY followed by MHY contract number followed by the word “ADV”. Example: **19 123 ADV**
- **Invoice:** Applicable FY followed by Primary Key # (found in the name of the budget) followed by the claim period. Example: **19 12345 JAN-MAR**
- **Revised invoice:** Same as an invoice with the word “REV” at the end. Example: **19 12345 JAN-MAR REV**
- **Deliverable type of invoice:** Applicable FY followed by Primary Key # followed by the claim period and the letter “D”. Example: **19456 OCT-DEC D**

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**”.

#### Fiscal Year Budget Information

| Start Date | End Date   | FY Budget   | YTD Invoiced Amount | Remaining Amount | YTD Actual Paid Amount | Cash Balance | Unrecouped Advance Amount |
|------------|------------|-------------|---------------------|------------------|------------------------|--------------|---------------------------|
| 07/01/2017 | 06/30/2018 | \$60,000.00 | \$0.00              | \$60,000.00      | \$0.00                 | \$60,000.00  | \$0.00                    |

#### Invoice Information

|                                 |                                       |                               |                                       |
|---------------------------------|---------------------------------------|-------------------------------|---------------------------------------|
| <b>Invoice Number:</b>          | 181000004                             |                               |                                       |
| <b>Provider Invoice Number:</b> | <input type="text" value="1234567"/>  | <b>Agency Invoice Number:</b> | <input type="text" value=""/>         |
| <b>Service Date From:</b>       | <input type="text" value="07/01/20"/> | <b>Service Date To:</b>       | <input type="text" value="07/31/20"/> |
| <b>Invoice Submission Date:</b> | N/A                                   | <b>Invoice Approved Date:</b> | N/A                                   |

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

View Related: [Contract](#) | [Budget](#) | [Payments](#)

Next, click on the first blue header just below the Fiscal Year Budget information grid to expand your line item budget.

The Budget Summary summarizes the total of the direct and indirect costs in your approved budget.

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.

Budget line information is visible in each **Budget Tab**. *Your organization can only invoice on budget lines that have been approved by the Agency, and where funds remain.* Your organization will enter invoice amounts on the appropriate lines in the Budget Tabs.

**Fiscal Year Budget Information**

| Start Date | End Date   | FY Budget   | YTD Invoiced Amount | Remaining Amount | YTD Actual Paid Amount | Cash Balance | Unrecouped Advance Amount |
|------------|------------|-------------|---------------------|------------------|------------------------|--------------|---------------------------|
| 07/01/2017 | 06/30/2018 | \$60,000.00 | \$0.00              | \$60,000.00      | \$0.00                 | \$60,000.00  | \$0.00                    |

**Invoice Information**

|                                 |           |                               |          |
|---------------------------------|-----------|-------------------------------|----------|
| <b>Invoice Number:</b>          | 181000004 | <b>Agency Invoice Number:</b> |          |
| <b>Provider Invoice Number:</b> | 1234567   | <b>Service Date To:</b>       | 07/31/20 |
| <b>Service Date From:</b>       | 07/01/20  | <b>Invoice Approved Date:</b> | N/A      |
| <b>Invoice Submission Date:</b> | N/A       |                               |          |

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

View Related: [Contract](#) | [Budget](#) | Payments

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

**Program Budget**
**\$60,000.00** ▼

Budget Summary

Personnel Services

Operations & Support

Utilities

Professional Services

Rent

Contracted Services

Unallocated Funds

Indirect Rate

**Budget Summary**

| Line Item   | FY Budget   | YTD Invoiced Amount | Remaining Amount | Invoice Amount |
|---|-------------|---------------------|------------------|----------------|
| + Total City Funded Budget  | \$60,000.00 | \$0.00              | \$60,000.00      | \$0.00         |
| <b>Total Program Income</b><br>(Excluded from City Funded Budget; Not Invoiced) | \$0.00      | \$0.00              | \$0.00           | \$0.00         |
| <b>Total Program Budget</b><br>(City Funded Budget + Program Income)            | \$60,000.00 | \$0.00              | \$60,000.00      | \$0.00         |

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.

Invoice allocations are entered into the Summary View of the PS tab. The summary view is a consolidation of the line items entered in the PS Detail View by **Position Category** at the beginning of the fiscal year.

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

**Program Budget**
**\$60,000.00** ▼

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

Contracted Services
Unallocated Funds
Indirect Rate

**Personnel Services - Summary**

Summary View
Detail View

|  |                |
|--|----------------|
| <b>Invoice City Salary &amp; Fringe:</b> | \$0.00         |
| <b>Invoice City Salary:</b>              | \$0.00         |
| <b>Invoice City Fringe:</b>              | \$0.00 (0.00%) |
| <b>YTD Invoiced Amount:</b>              | \$0.00         |

|   | Salaried Positions              | # Positions | Remaining Amount | Invoice Amount |
|---|---------------------------------|-------------|------------------|----------------|
| + | <b>Salaried Positions Total</b> | 2           | \$25,000.00      | \$0.00         |

|   | Hourly Positions              | # Positions | Remaining Amount | Invoice Amount |
|---|-------------------------------|-------------|------------------|----------------|
| + | <b>Hourly Positions Total</b> | 1           | \$10,000.00      | \$0.00         |

| Fringe Benefits | Rate  | Remaining Amount | Invoice Amount |
|-----------------|-------|------------------|----------------|
| Fringe Total    | 0.00% | \$1,000.00       | \$0.00         |

Edit
 Save
 Cancel

For a position category line which your organization would like to claim expenses on the invoice, double click and enter a value in the “**Invoice Amount**” cell. Click “**Save**” at the bottom left of the grid.

Repeat steps to invoice for Hourly Employee allocations.

Enter fringe expenses in the Fringe total line. This is also a consolidation of individual lines allocated in the budget submission at the beginning of the fiscal year. Expenses are claimed against the total Fringe value, based on the approved rate.

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

**Personnel Services - Summary**

Summary View Detail View

|  |                |
|--|----------------|
| <b>Invoice City Salary &amp; Fringe:</b> | \$0.00         |
| <b>Invoice City Salary:</b>              | \$0.00         |
| <b>Invoice City Fringe:</b>              | \$0.00 (0.00%) |
| <b>YTD Invoiced Amount:</b>              | \$0.00         |

| Salaried Positions                | # Positions | Remaining Amount   | Invoice Amount                         |
|-----------------------------------|-------------|--------------------|--|
| <b>- Salaried Positions Total</b> | <b>2</b>    | <b>\$25,000.00</b> | <b>\$0.00</b>                          |
| Case Manager (301)                | 2           | \$25,000.00        | 2000.00 <input type="text" value="x"/> |

Edit
 Save
 Cancel
 Export
Page 1 of 1

| Hourly Positions                | # Positions | Remaining Amount   | Invoice Amount |
|---------------------------------|-------------|--------------------|----------------|
| <b>+ Hourly Positions Total</b> | <b>1</b>    | <b>\$10,000.00</b> | <b>\$0.00</b>  |

| Fringe Benefits | Rate  | Remaining Amount | Invoice Amount |
|-----------------|-------|------------------|----------------|
| Fringe Total    | 0.00% | \$1,000.00       | \$0.00         |

Edit
 Save
 Cancel

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

**Program Budget** \$60,000.00 ▼

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

**OTPS - Operations and Support**

|  |          |
|--|----------|
| <b>Invoice Total Operations, Support and Equipment :</b> | \$120.00 |
| <b>Total YTD Invoiced Amount :</b>                       | \$0.00   |

| Operations and Support                   | Remaining Amount  | Invoice Amount  |
|--|-------------------|-----------------|
| <b>Operations and Support</b>            | <b>\$1,600.00</b> | <b>\$120.00</b> |
| Office Supplies                          | \$500.00          | \$40.00         |
| Facilities Repairs & Maintenance         | \$1,000.00        | \$80.00         |
| Safety and Health                        | \$0.00            | \$0.00          |
| Waste & Recycling Removal                | \$0.00            | \$0.00          |
| Staff Transportation                     | \$100.00          | \$0.00          |
| Staff Training                           | \$0.00            | \$0.00          |
| Postage                                  | \$0.00            | \$0.00          |
| Recruitment and Advertising (Client)     | \$0.00            | \$0.00          |
| Liability, Property, and Other Insurance | \$0.00            | \$0.00          |
| Vehicle Insurance                        | \$0.00            | \$0.00          |
| Vehicle Operations and Maintenance       | \$0.00            | \$0.00          |
| Real Estate Tax                          | \$0.00            | \$0.00          |
| Bank Charges                             | \$0.00            | \$0.00          |
| Printing                                 | \$0.00            | \$0.00          |
| Client Transportation                    | \$0.00            | \$0.00          |
| Client Supplies & Activities             | \$0.00            | \$0.00          |
| Client Stipends                          | \$0.00            | \$0.00          |
| Incentive Payments/Bonus                 | \$0.00            | \$0.00          |
| Prepared Meals                           | \$0.00            | \$0.00          |
| Raw Food                                 | \$0.00            | \$0.00          |
| Other                                    | \$0.00            | \$0.00          |

Edit

**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.

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

For a line on which your organization would like to claim expenses on the invoice, double click and enter a value in the “**Invoice Amount**” cell, and click “**Save**” at the bottom left of the grid.

Repeat steps to invoice for additional Operations and Support items.

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

Repeat the previous steps for the **Utilities** and **Professional Services** tabs.

Click on the **“Rent”** tab.

| Locations | Management Company Name | Property Owner | Public School Space | % Charged to Contract | Remaining Amount | Invoice Amount |
|-----------|-------------------------|----------------|---------------------|-----------------------|------------------|----------------|
| - Rent    |                         |                |                     |                       | \$3,000.00       | \$0.00         |
| Location  | Company                 | Owner          | No                  | 75.00%                | \$3,000.00       | 250.00 x       |

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 Costs**.

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

Double click on the line, enter a value in the **“Invoice Amount”** cell, and then click **“Save”** at the bottom left of the grid

### **Program Income**

If your budget includes program income, it must be included in the grids located in the corresponding budget category tab. As the income is realized, it should be reported in the corresponding budget category tab. If the income realized exceeds the projected income, a budget modification will be necessary to decrease the associated expense and increase the program income line.

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

| Line Item   | FY Budget          | YTD Invoiced Amount | Remaining Amount   | Invoice Amount    |
|---|--------------------|---------------------|--------------------|-------------------|
| - Total City Funded Budget  | \$60,000.00        | \$0.00              | \$60,000.00        | \$2,378.00        |
| <b>Total Direct Costs</b>   | <b>\$54,000.00</b> | <b>\$0.00</b>       | <b>\$54,000.00</b> | <b>\$2,378.00</b> |
| + Total Salary and Fringe   | \$36,000.00        | \$0.00              | \$36,000.00        | \$2,000.00        |
| + Total OTPS  | \$18,000.00        | \$0.00              | \$18,000.00        | \$378.00          |
| Total Rate Based  | \$0.00             | \$0.00              | \$0.00             | \$0.00            |
| Total Milestone Based   | \$0.00             | \$0.00              | \$0.00             | \$0.00            |
| Unallocated Funds   | \$0.00             | \$0.00              | \$0.00             | \$0.00            |
| <b>Total Indirect Costs</b>   | <b>\$6,000.00</b>  | <b>\$0.00</b>       | <b>\$6,000.00</b>  | <b>\$0.00</b>     |
| <b>Total Program Income</b><br>(Excluded from City Funded Budget; Not Invoiced) |                    |                     |                    |                   |
|   | \$0.00             | \$0.00              | \$0.00             | \$0.00            |
| <b>Total Program Budget</b><br>(City Funded Budget + Program Income)            | <b>\$60,000.00</b> | <b>\$0.00</b>       | <b>\$60,000.00</b> | <b>\$2,378.00</b> |

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

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

NOTE: It is the responsibility of the provider to ensure that the indirect amounts on the invoices are calculated based upon the agreed upon rate in the budget, before submission to the DOHMH. If the indirect amount is incorrect, the invoice will be returned to the provider for correction and resubmission OR the provider may have to do a budget modification to adjust the budgeted rate which may delay payment to the provider.

The following documents need to be uploaded with every invoice, by clicking on the “**Documents**” blue header to open the documents section.

- Invoice Crosswalk
- Payroll Register or Report

**Fiscal Year Budget Information**

| Start Date | End Date   | FY Budget   | YTD Invoiced Amount | Remaining Amount | YTD Actual Paid Amount | Cash Balance | Unrecouped Advance Amount |
|------------|------------|-------------|---------------------|------------------|------------------------|--------------|---------------------------|
| 07/01/2017 | 06/30/2018 | \$60,000.00 | \$0.00              | \$60,000.00      | \$0.00                 | \$60,000.00  | \$0.00                    |

**Invoice Information**

|                          |                      |                        |                      |
|--------------------------|----------------------|------------------------|----------------------|
| Invoice Number:          | 181000004            | Agency Invoice Number: |                      |
| Provider Invoice Number: | <input type="text"/> | Service Date To:       | <input type="text"/> |
| Service Date From:       | <input type="text"/> | Invoice Approved Date: | N/A                  |
| Invoice Submission Date: | N/A                  |                        |                      |

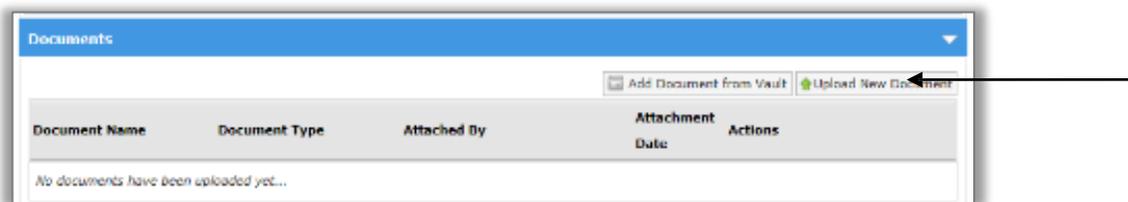
| Description                             | Amount        |
|---|---------------|
| Invoice Total                           | \$0.00        |
| Assignment Total                        | \$0.00        |
| Advance Recoupment Total                | \$0.00        |
| <b>Total Proposed Payment to Vendor</b>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

View Related: [Contract](#) | [Budget](#) | [Payments](#)

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



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



Repeat the process for each document you upload.

Select the **“Document Type.”**

Click the **“Choose File”** button and select the document from your computer.

Enter the **“Document Name.”**

Click **“Next.”**

Enter required document information, if applicable, and confirm existing information.

Click **“Next.”**

Click **“Upload Document.”**

The naming convention for documents are:

| <u>Document Type</u>                | <u>Naming Convention Examples</u>                         |
|-------------------------------------|---|
| Crosswalk                           | "21-PK#-Crosswalk Jul-Sep"                                |
| Payroll Register                    | "21-PK# payroll support Jul-Sep"                          |
| Supporting docs for selected sample | "21-PK#- Sampled support – invoice/proof of payment etc." |

The screenshot shows a software interface titled "Assignments". 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 and the text "Assignments" in the first column, and "\$0.00" in the second and third columns. To the right of the table is a green button labeled "Add Assignee". Below the table, there are two tabs: "Comments" (which is selected) and "View Comments History". To the right of these tabs is a grey button labeled "Save". Below the tabs is a text area with the heading "Enter any comments:" and the instruction "Click the 'Save' button above to save your comments." Two black arrows point from the left and right sides of the page towards the "Comments" tab and the "Save" button, respectively.

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”**.

### Fiscal Year Budget Information

| Start Date | End Date   | FY Budget   | YTD Invoiced Amount | Remaining Amount | YTD Actual Paid Amount | Cash Balance | Unrecouped Advance Amount |
|------------|------------|-------------|---------------------|------------------|------------------------|--------------|---------------------------|
| 07/01/2017 | 06/30/2018 | \$60,000.00 | \$0.00              | \$60,000.00      | \$0.00                 | \$60,000.00  | \$0.00                    |

### Invoice Information

|                          |   |                        |   |
|--------------------------|---|------------------------|---|
| Invoice Number:          | 181000004                               | Agency Invoice Number: |   |
| Provider Invoice Number: | <input type="text" value="1234567"/>    | Service Date To:       | <input type="text" value="07/31/2017"/> |
| Service Date From:       | <input type="text" value="07/01/2017"/> | Invoice Approved Date: | N/A                                     |
| Invoice Submission Date: | N/A                                     |                        |   |

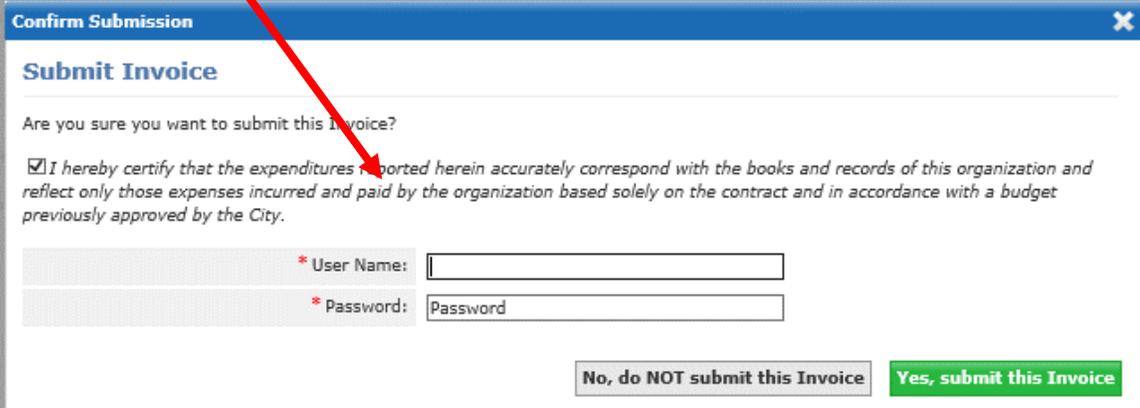
| Description                             | Amount            |
|---|-------------------|
| Invoice Total                           | \$2,378.00        |
| Assignment Total                        | \$0.00            |
| Advance Recoupment Total                | \$0.00            |
| <b>Total Proposed Payment to Vendor</b> | <b>\$2,378.00</b> |

View Related: [Contract](#) | [Budget](#) | [Payments](#)

Once your invoice is complete, click **“Submit”**.

You will have to confirm your submission to complete the process. Once you check off the box certifying the expenses presented in the Invoice, you will need to enter your **User Name and Password**.

Click **“Yes, submit this Invoice”**.



The image shows a 'Confirm Submission' dialog box with a blue header and a close button (X) in the top right corner. The title is 'Submit Invoice'. Below the title, it asks 'Are you sure you want to submit this Invoice?'. There is a checked checkbox followed by the text: 'I hereby certify that the expenditures reported herein accurately correspond with the books and records of this organization and reflect only those expenses incurred and paid by the organization based solely on the contract and in accordance with a budget previously approved by the City.' Below this is a red arrow pointing to the checkbox. There are two input fields: '\* User Name:' and '\* Password:'. At the bottom, there are two buttons: 'No, do NOT submit this Invoice' and '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.

DOHMH will either approve the invoice or return it for revision. System users with Level 2 Financials access will receive notifications and alerts in the system and in their email inbox, if actions are required by your organization.

## 1.6 Invoice Revision

If your invoice is returned for revision, your organization must make the appropriate revisions and resubmit the invoice within 7 days. Level 2 Users will receive an email notification that the invoice has been returned. When you log into the system, click on the **“Refresh”** icon on the Financials section of the homepage.

The screenshot shows the NYC HHS Accelerator Provider Homepage. The navigation bar includes: NYC HHS Accelerator, Organization Information, Document Vault, Applications, Procurements, and Financials. A welcome message reads: "Welcome: provider provider, HELP Social Service Corporation".

**Provider Homepage**

| Application  | Filings   |
|--|---|
| Your Current Organization Status: <b>Suspended (Filings Expired)</b> | Filings Status: <b>Expired</b>                                  |
| Your Business Application Status: <b>Suspended (Filings Expired)</b> | Fiscal Period of Last Approved Filing: 07/01/2014 to 06/30/2015 |
| Your organization has <b>0</b> pending Service Applications          | Last CHAR500 approved on: 07/01/2016                            |
| Your organization has <b>26</b> approved Service Applications        | Next CHAR500 due date: 05/15/2017(FY16)                         |
| <b>!</b> Your Business Application expired on 07/03/2016             | Registration Type: Dual/Executive Law Article 7-A (7A)          |
|  | Last CHAR500 uploaded on: 07/01/2016                            |
|  | <b>!</b> Your CHAR500 has expired                               |

| Procurements  |  |
|---|--|
| <b>0</b> RFPs you're eligible for will be released within 30 days | <b>1</b> RFPs with draft or submitted proposals            |
| <b>0</b> RFPs you're eligible for have due dates within 30 days   | <b>2</b> RFPs with proposals determined eligible for award |

| Financials   |   |
|--|---|
| <b>2</b> Budgets pending submission                      | <b>37</b> Active Budgets                            |
| <b>0</b> Budgets returned for revision                   | <b>1</b> Budgets pending approval                   |
| <b>0</b> Modifications and Updates pending submission    | <b>0</b> Modifications and Updates pending approval |
| <b>0</b> Modifications and Updates returned for revision | <b>10</b> Invoices pending approval                 |
| <b>1</b> Invoices pending submission                     | <b>5</b> Contracts pending registration             |
| <b>4</b> Invoices returned for revision                  |   |

| Documents Shared with your Organization  | NYC.ID Account Management  |
|--|--|
| No organizations have shared documents with you at this time. This section will become active once an organization has granted you access to 1 or more documents.<br>If you'd like to grant Providers or NYC Agencies view-only access to your documents, you can do so from your <a href="#">Document Vault</a> . | <b>0</b> User account requests requiring action<br><a href="#">Update your NYC.ID Name or Email.</a><br><a href="#">Update your NYC.ID Password.</a><br><a href="#">Update your NYC.ID Security Questions.</a> |

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 and correct.

**Financials**

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

**Invoice List** ?

Listed below are the invoices for your organization.

Filter Invoices ▾ Invoices: 1

| Agency | Invoice Number | Date Submitted | Date Approved | CT#                           | Value(\$) | Status                | Action   |
|--------|----------------|----------------|---------------|-------------------------------|-----------|-----------------------|--|
| DOHMH  | 181000004      | 10/11/2017     | N/A           | <a href="#">CT18160000003</a> |           | Returned for Revision | I need to...<br><a href="#">View Invoice</a><br><a href="#">Withdraw</a><br><a href="#">View Contract</a><br><a href="#">View Budget</a> |

Invoices: 1

Click “View Comments History” tab at the bottom of the invoice for information on why the Agency returned the invoice for revision.

**Fiscal Year Budget Information**

| Start Date | End Date   | FY Budget   | YTD Invoiced Amount | Remaining Amount | YTD Actual Paid Amount | Cash Balance | Unrecouped Advance Amount |
|------------|------------|-------------|---------------------|------------------|------------------------|--------------|---------------------------|
| 07/01/2017 | 06/30/2018 | \$60,000.00 | \$0.00              | \$60,000.00      | \$0.00                 | \$60,000.00  | \$0.00                    |

**Invoice Information**

|                          |            |                        |            |
|--------------------------|------------|------------------------|------------|
| Invoice Number:          | 181000004  | Agency Invoice Number: |            |
| Provider Invoice Number: | 1234567    | Service Date To:       | 07/31/2017 |
| Service Date From:       | 07/01/2017 | Invoice Approved Date: | N/A        |
| Invoice Submission Date: | 10/11/2017 |                        |            |

| Description                             | Amount            |
|---|-------------------|
| Invoice Total                           | \$2,378.00        |
| Assignment Total                        | \$0.00            |
| Advance Recoupment Total                | \$0.00            |
| <b>Total Proposed Payment to Vendor</b> | <b>\$2,378.00</b> |

View Related: [Contract](#) | [Budget](#) | Payments

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

**Program Budget** \$60,000.00

**Documents**

**Advances**

**Assignments**

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

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

3000 characters left

**Fiscal Year Budget Information**

| Start Date | End Date   | FY Budget   | YTD Invoiced Amount | Remaining Amount | YTD Actual Paid Amount | Cash Balance | Unrecouped Advance Amount |
|------------|------------|-------------|---------------------|------------------|------------------------|--------------|---------------------------|
| 07/01/2017 | 06/30/2018 | \$60,000.00 | \$0.00              | \$60,000.00      | \$0.00                 | \$60,000.00  | \$0.00                    |

**Invoice Information**

|                          |   |                        |   |
|--------------------------|---|------------------------|---|
| Invoice Number:          | 181000004                               |                        |   |
| Provider Invoice Number: | <input type="text" value="1234567"/>    | Agency Invoice Number: | <input type="text"/>                    |
| Service Date From:       | <input type="text" value="07/01/2017"/> | Service Date To:       | <input type="text" value="07/31/2017"/> |
| Invoice Submission Date: | 10/11/2017                              |                        |   |
| Invoice Approved Date:   | N/A                                     |                        |   |

| Description                             | Amount            |
|---|-------------------|
| Invoice Total                           | \$2,378.00        |
| Assignment Total                        | \$0.00            |
| Advance Recoupment Total                | \$0.00            |
| <b>Total Proposed Payment to Vendor</b> | <b>\$2,378.00</b> |

View Related: [Contract](#) | [Budget](#) | [Payments](#)

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

**Program Budget** \$60,000.00

|                       |                    |                      |           |                       |      |
|-----------------------|--------------------|----------------------|-----------|-----------------------|------|
| <b>Budget Summary</b> | Personnel Services | Operations & Support | Utilities | Professional Services | Rent |
| Contracted Services   | Unallocated Funds  | Indirect Rate        |           |                       |      |

**Budget Summary**

| Line Items  | FY Budget   | YTD Invoiced Amount | Remaining Amount | Invoice Amount |
|---|-------------|---------------------|------------------|----------------|
| + Total City Funded Budget  | \$60,000.00 | \$0.00              | \$60,000.00      | \$2,378.00     |
| <b>Total Program Income</b><br>(Excluded from City Funded Budget; Not Invoiced) | \$0.00      | \$0.00              | \$0.00           | \$0.00         |
| <b>Total Program Budget</b><br>(City Funded Budget + Program Income)            | \$60,000.00 | \$0.00              | \$60,000.00      | \$2,378.00     |

**Service Site Information**

Please enter an address for each site where your organization proposes to deliver services.

| Site Name | Address 1    | Address 2 | City     | State | Zip Code |
|-----------|--------------|-----------|----------|-------|----------|
| Site Name | Site Address | Site 123  | New York | NY    | 10007    |

- Documents
- Advances
- Assignments

Review the Agency comments on the invoice.

The Agency may request that you make corrections to invoice amounts and/or to upload documents. To correct invoice amounts, click on the budget blue bar to expand the **“Budget Summary”** section. Then, click on the Budget 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.

**Program Budget** \$60,000.00 ▼

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

**Personnel Services - Summary**

Summary View | Detail View

|  |                |
|--|----------------|
| <b>Invoice City Salary &amp; Fringe:</b> | \$2,000.00     |
| <b>Invoice City Salary:</b>              | \$2,000.00     |
| <b>Invoice City Fringe:</b>              | \$0.00 (0.00%) |
| <b>YTD Invoiced Amount:</b>              | \$0.00         |

| Salaried Positions         | # Positions | Remaining Amount | Invoice Amount               |
|----------------------------|-------------|------------------|------------------------------|
| - Salaried Positions Total | 2           | \$25,000.00      | \$2,000.00                   |
| Case Manager (301)         | 2           | \$25,000.00      | 2000.00 <input type="text"/> |

Edit Save Cancel Export | Page 1 of 1

Double click on the existing Salaried Employee row to activate it, and enter the revised 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 recorded.

If you need to edit documents uploaded to the invoice, click on the **Documents** blue header. To remove a document that you uploaded to the original invoice, navigate to the Action drop-down for the document, and select “Remove Document.” Follow the prompts to remove the file. Please refer to the section on Uploading Documents to add a new file to the invoice.

Once all the invoice information has been corrected, click "Save" and then "Submit."

| Start Date | End Date   | FY Budget   | YTD Invoiced Amount | Remaining Amount | YTD Actual Paid Amount | Cash Balance | Unrecouped Advance Amount |
|------------|------------|-------------|---------------------|------------------|------------------------|--------------|---------------------------|
| 07/01/2017 | 06/30/2018 | \$60,000.00 | \$0.00              | \$60,000.00      | \$0.00                 | \$60,000.00  | \$0.00                    |

Invoice Information

|                          |            |                        |            |
|--------------------------|------------|------------------------|------------|
| Invoice Number:          | 181000504  | Agency Invoice Number: |            |
| Provider Invoice Number: | 1234567    | Service Date To:       | 07/31/2017 |
| Service Date From:       | 07/01/2017 | Invoice Approved Date: | N/A        |
| Invoice Submission Date: | 10/11/2017 |                        |            |

| Description                             | Amount            |
|---|-------------------|
| Invoice Total                           | \$2,378.00        |
| Assignment Total                        | \$0.00            |
| Advance Recoupment Total                | \$0.00            |
| <b>Total Proposed Payment to Vendor</b> | <b>\$2,378.00</b> |

View Related: [Contract](#) | [Budget](#) | [Payments](#)

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

**Program Budget** \$60,000.00

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

Contracted Services | Unallocated Funds | Indirect Rate

**Personnel Services - Summary**

Summary View | Detail View

|                               |                |
|-------------------------------|----------------|
| Invoice City Salary & Fringe: | \$2,000.00     |
| Invoice City Salary:          | \$2,000.00     |
| Invoice City Fringe:          | \$0.00 (0.00%) |
| <b>YTD Invoiced Amount:</b>   | <b>\$0.00</b>  |

| Salaried Positions         | # Positions | Remaining Amount | Invoice Amount |
|----------------------------|-------------|------------------|----------------|
| - Salaried Positions Total | 2           | \$25,000.00      | \$2,000.00     |
| + Case Manager (305)       | 2           | \$25,000.00      | \$2,000.00     |

Page 1 of 1

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

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.

|                                    |   |                             |                 |
|------------------------------------|---|-----------------------------|-----------------|
| <b>Agency:</b>                     | Department of Health and Mental Hygiene (DOHMH)   | <b>CT#:</b>                 | CT181600000003  |
| <b>Procurement/Contract Title:</b> | Recreational and Socialization Services for Individual with Autism Spectrum Disorders Initiative Contract 1 | <b>Contract Start Date:</b> | 12/01/2017      |
| <b>Provider:</b>                   | HELP Social Service Corporation   | <b>Contract End Date:</b>   | 06/30/2019      |
| <b>Procurement E-PIN:</b>          | 81600000001   | <b>Contract Amount:</b>     | \$120,000.00    |
| <b>Award E-PIN:</b>                | 81600000001   | <b>Program Name:</b>        | Screening (MHy) |

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.

## 1.7 Post Payment Review Process

DOHMH will conduct sampling and testing of specific line-items throughout the fiscal year. For each service month through May, selections will be made from the payroll ledger and general ledger provided in the monthly invoice submission. These reviews will be conducted post-payment but must conclude prior to the final closeout payment of the fiscal year.

DOHMH will notify providers of the invoice service period and line item selection via email. The email will be uploaded to HHS accelerator document vault. Providers are expected to upload requested documentation into HHS accelerator document vault within 5-7 days of the selection notification and notify DOHMH once completed. The vault should be organized with the following folder structure and shared with DOHMH:

### FY/MHy #/PK/ Invoice Period

DOHMH to review the documentation within 5-7 days of receipt of documentation and will notify the provider in writing of the results of their review, including any corrective actions that may be needed.

Any adjustments based upon the results of the DOHMH review and findings will need to be addressed in the following billing cycle. The subsequent invoice must include the email notice received from DOHMH's Close out Unit stating the adjustments or overpayments as applicable.

All paid claims remain subject to audit, regardless of the results of the Post-Payment Review process. The tiered approach to timely invoice review throughout the fiscal year does not replace the requirement for DOHMH to perform fiscal audits of each contract, as defined in The City of New York Standard Audit Process Guide.

## 1.8 Invoice Credit

Your organization can now more accurately reflect spending. Negative adjustments, commonly called Credits, can be included in your invoices. Requested credits will become available when the associated Invoice and Payment has been Approved.

The process to initiate an invoice is the same. From a new invoice, in addition to invoicing for new items, you can enter credits.

For the lines your organization previously invoice for, double click and enter a negative value in the **"Invoice Amount"** box.

Fy2015 \$300,000.00 ▼

**OTPS - Operations and Support**

**Invoice Total Operations, Support and Equipment :** \$130.00  
**Total YTD Invoiced Amount :** \$0.00

| Operations and Support                   | Remaining Amount  | Invoice Amount  |
|--|-------------------|-----------------|
| <b>Operations and Support</b>            | <b>\$4,900.00</b> | <b>\$130.00</b> |
| Office Supplies                          | \$200.00          | \$100.00        |
| Facilities Repairs & Maintenance         | \$300.00          | \$30.00         |
| Safety and Health                        | \$400.00          | -50.00          |
| Waste & Recycling Removal                | \$500.00          | \$0.00          |
| Staff Transportation                     | \$500.00          | \$0.00          |
| Staff Training                           | \$0.00            | \$0.00          |
| Postage                                  | \$0.00            | \$0.00          |
| Recruitment and Advertising (Client)     | \$0.00            | \$0.00          |
| Liability, Property, and Other Insurance | \$0.00            | \$0.00          |
| Vehicle Insurance                        | \$1,000.00        | \$0.00          |
| Vehicle Operations and Maintenance       | \$0.00            | \$0.00          |
| Real Estate Tax                          | \$0.00            | \$0.00          |
| Bank Charges                             | \$0.00            | \$0.00          |
| Printing                                 | \$0.00            | \$0.00          |
| Client Transportation                    | \$0.00            | \$0.00          |
| Client Supplies & Activities             | \$0.00            | \$0.00          |
| Client Stipends                          | \$0.00            | \$0.00          |
| Incentive Payments/Bonus                 | \$0.00            | \$0.00          |
| Prepared Meals                           | \$2,000.00        | \$0.00          |
| Raw Food                                 | \$0.00            | \$0.00          |
| Other                                    | \$0.00            | \$0.00          |

Click **“Save.”**

The Invoice total must be greater than \$0 to be able to submit to the Agency.