



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

**Guidance Document
For
HHS Accelerator Users**

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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

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.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', 'Filings', 'Procurements', 'Financials', 'Documents Shared with your Organization', and 'NYC.ID Account Management'. The 'Financials' section is highlighted with a blue header and a green refresh icon. An arrow points to this section. Within the 'Financials' section, the first item is '3 Budgets pending submission', which is also highlighted with a red icon. Another arrow points to this specific item. The footer contains copyright information for 2017 The City of New York, version 6.1.0, and links for FAQ, Privacy Statement, and Site Map.

Provider Homepage	
Application	Filings
Your Current Organization Status: Suspended (Filings Expired)	Filings Status: Expired
Your Business Application Status: Suspended (Filings Expired)	Fiscal Period of Last Approved Filing: 07/01/2014 to 06/30/2015
Your organization has 0 pending Service Applications	Last CHAR500 approved on: 07/01/2016
Your organization has 26 approved Service Applications	Next CHAR500 due date: 05/15/2017(FY16)
! Your Business Application expired on 07/03/2016	Registration Type: Dual/Executive Law Article 7-A (7A)
	Last CHAR500 uploaded on: 07/01/2016
	! Your CHAR500 has expired
Procurements	
0 RFPs you're eligible for will be released within 30 days	1 RFPs with draft or submitted proposals
0 RFPs you're eligible for have due dates within 30 days	2 RFPs with proposals determined eligible for award
Financials	
3 Budgets pending submission	35 Active Budgets
0 Budgets returned for revision	2 Budgets pending approval
0 Modifications and Updates pending submission	0 Modifications and Updates pending approval
0 Modifications and Updates returned for revision	10 Invoices pending approval
0 Invoices pending submission	2 Contracts pending registration
3 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.	0 User account requests requiring action
If you'd like to grant Providers or NYC Agencies view-only access to your documents, you can do so from your Document Vault .	Update your NYC.ID Name or Email.
	Update your NYC.ID Password.
	Update your NYC.ID Security Questions.

Copyright 2017 The City of New York | HHS Portal-6.1.0 | [FAQ](#) | [Privacy Statement](#) | [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
Recreational and Socialization Services for Individual with Autism Spectrum Disorders Initiative Contract 1	DOHMH	2020		60,000.00		Pending Submission	I need to... View Budget View Contract

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

Agency:	Department of Health and Mental Hygiene (DOHMH)	CT#:	Not Registered
Procurement/Contract Title:	Recreational and Socialization Services for Individual with Autism Spectrum Disorders Initiative Contract 1		
Provider:	HELP Social Service Corporation		
Procurement E-PIN:	81600000001	Contract Start Date:	12/01/2017
Award E-PIN:	81600000001	Contract End Date:	06/30/2025
		Contract Amount:	\$120,000.00
		Program Name:	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 ▼		
<div> <div>Budget Summary</div> <div> <div>Personnel Services</div> <div>Operations & Support</div> <div>Utilities</div> <div>Professional Services</div> <div>Rent</div> </div> </div> <div> <div>Contracted Services</div> <div>Unallocated Funds</div> <div>Indirect Rate</div> </div>				
Budget Summary View Printer Friendly Version				
Line Item	FY Budget	YTD Invoiced Amount	Remaining Amount	
- Total City Funded Budget	\$0.00	\$0.00	\$0.00	
Total Direct Costs	\$0.00	\$0.00	\$0.00	
+ Total Salary and Fringe	\$0.00	\$0.00	\$0.00	
+ Total OTPS	\$0.00	\$0.00	\$0.00	
Total Rate Based	\$0.00	\$0.00	\$0.00	
Total Milestone Based	\$0.00	\$0.00	\$0.00	
Unallocated Funds	\$0.00	\$0.00	\$0.00	
Total Indirect Costs				
Indirect Rate 0.00 %				
Total Indirect Costs	\$0.00	\$0.00	\$0.00	
Total Program Income (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00	
Total Program Budget (City Funded Budget + Program Income)	\$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
+	Salaried Positions Total		\$0.00	0.00	\$0.00	0.00%

	Hourly Positions	Internal ID	Rate	Annual Hours	FY Budget	% City Funded
+	Hourly Positions Total			0.00	\$0.00	0.00%

	Fringe Benefits	Rate	FY Budget
+	Fringe Total	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

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

City Salary:

\$0.00

City Fringe:

\$0.00 (0.00%)

Total Positions:

0

Total City FTEs:

0.00

	Salaried Positions	Internal ID	Annual Salary	Annual Hours	FY Budget	% City Funded
–	Salaried Positions Total		\$0.00	0.00	\$0.00	0.00%
+	1					

Delete

+ Add

Edit

Save

Cancel

Export

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

Executive Director

Executive Director/Chief Executive Officer (601)

Executive Oversight

Exhibition Preparer

Facilitator

Facility Manager/Coordinator

Family Assistant

Family Counselor/Therapist (344)

Family Day Care Coordinator

Family Worker

Fiscal Officer

Food Service Worker (OASAS & OPWDD) (101)

Foster Care Director

Group Leader

Group Worker

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

2

0.59

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
-	Salaried Positions Total		\$85,000.00	4,174.00	\$25,000.00	29.41%
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
+	Hourly Positions Total			2,087.00	\$10,000.00	23.96%

	Hourly Positions	Internal ID	Rate	Annual Hours	FY Budget	% City Funded
-	Hourly Positions Total			2,087.00	\$10,000.00	23.96%
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

City Salary & Fringe: \$36,000.00

City Salary: \$35,000.00

City Fringe: \$1,000.00 (2.86%)

YTD Invoiced Amount: \$0.00

Total Positions: 3

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
–	Operations and Support	\$0.00	\$0.00	\$0.00
	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
Operations & Support
Utilities
Professional Services
Rent

Contracted Services
Unallocated Funds
Indirect Rate
Program Income

OTPS - Operations and Support

Total Operations, Support and Equipment:

\$320,073.00

Total YTD Invoiced Amount:

\$0.00

	Operations and Support	FY Budget	YTD Invoiced Amount	Remaining Amount
+	Operations and Support	\$311,273.00	\$0.00	\$311,273.00

	Equipment	Units	FY Budget	YTD Invoiced Amount	Remaining Amount
-	Equipment (durable) From Schedule		\$8,800.00	\$0.00	\$8,800.00
	Ipad	4	\$2,000.00	\$0.00	\$2,000.00
	Computers	8	\$5,600.00	\$0.00	\$5,600.00
	Printing/Fax/Scanner (Rental)	2	\$1,200.00	\$0.00	\$1,200.00

Page 1 of 1

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 >> >1					

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

Utilities

Professional Services

Rent

Contracted Services

Unallocated Funds

Indirect Rate

OTPS - Utilities

Utilities	FY Budget	YTD Invoiced Amount	Remaining Amount
Operations and Support	\$1,500.00	\$0.00	\$1,500.00
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	<input type="text" value="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.

The screenshot shows the 'Program Budget' interface with the 'Professional Services' tab selected. The 'OTPS - Professional Services' table is displayed with the following data:

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

Arrows indicate the 'Professional Services' row and the 'Accounting Costs' row. The 'Accounting Costs' row has a text input field with '10000.00' and a multiplier 'x'. At the bottom, there are 'Edit', 'Save', and 'Cancel' buttons.

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.

The screenshot shows the 'Program Budget' interface with the 'Rent' tab selected. The 'OTPS - Rent' table is displayed with the following data:

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

Arrows indicate the 'Rent' row and the 'Location' row. The 'Location' row has input fields for 'Location', 'Company', 'Owner', 'Public School Space' (a dropdown menu), and '% Charged to Contract'. At the bottom, there are 'Delete', '+Add', 'Save', and 'Cancel' buttons, along with '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 ▼

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

- 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
–	Indirect Costs Total	\$6,000.00	\$0.00	\$6,000.00
⌵	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.

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
Total Direct Costs	\$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
Total Rate Based	\$0.00	\$0.00	\$0.00
Total Milestone Based	\$0.00	\$0.00	\$0.00
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 (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00
Total Program Budget (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 (City Funded Budget + Program Income) \$0.00 \$60,000.00

Service Site Information

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

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.

Program Income		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:

<u>Category</u>	<u>Backup Documentation Requirement</u>
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.

<u>Category</u>	<u>Backup Documentation Requirement</u>
Service Dollar/ 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 DOHMH Health and Human Services Fiscal Manual (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 City of New York Health and Human Services Cost Policies and Procedures Manual.</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: Indirect Implementation - NYC Nonprofits.</p>

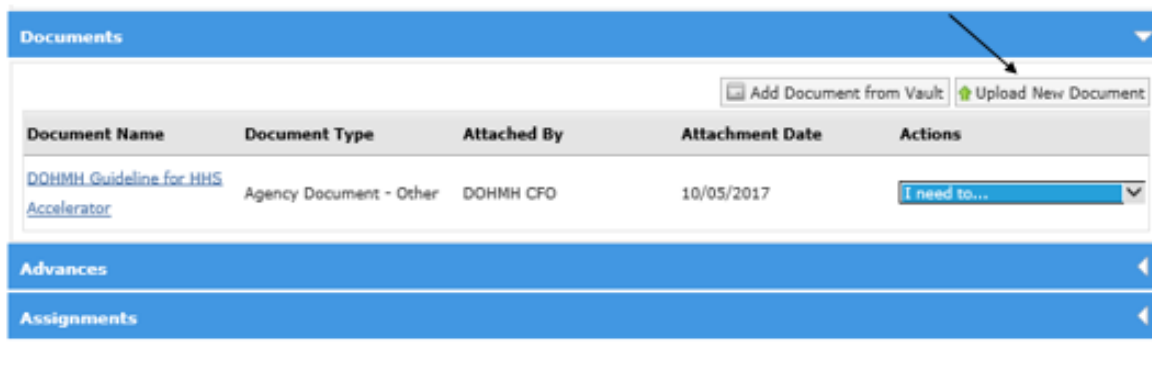
2.2 Uploading Documents

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
FY18_Budget Mod_Childfirst_Lease Agrmt_V1	Financials - Other	provider provider	10/06/2017	I need to...
DOHMH Guideline for HHS Accelerator	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
Total Program Income (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00
Total Program Budget (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.

Confirm Submission

Submit Contract Budget

Are you sure you want to submit this Contract Budget?

* Indicates a required field

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

* User Name:

* Password:

No, do NOT submit this Budget

Yes, submit this Budget

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.

Contract Budget

[Return to Budget List](#)

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

Status: Pending Approval

[Print Budget](#)

Contract Information

Agency:	Department of Health and Mental Hygiene (DOHMH)	CT#:	Not Registered
Procurement/Contract Title:	Recreational and Socialization Services for Individual with Autism Spectrum Disorders Initiative Contract 1	Contract Start Date:	12/01/2017
Provider:	HELP Social Service Corporation	Contract End Date:	06/30/2019
Procurement E-PIN:	81600000001	Contract Amount:	\$120,000.00
Award E-PIN:	81600000001	Program Name:	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 displays the NYC HHS Accelerator Provider Homepage. At the top, there is a navigation bar with tabs: Organization Information, Document Vault, Applications, Procurements, and Financials. The Financials tab is currently selected. To the right of the tabs are icons for home, notifications, help, and user profile, along with a text size selector (A A A). Below the navigation bar, a banner reads "Manage budgets, invoices and payment" with a help icon. The main content area is titled "Provider Homepage" and is divided into 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:** Displays the user's current organization status as "Approved" and business application status as "Approved". It also shows 1 pending Service Application 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:** A table showing the status of various financial items:

Financials
Contracts pending registration
Active Budgets
Budgets pending submission
Budgets pending approval
Budgets returned for revision
Modifications and Updates pending submission
Modifications and Updates pending approval
Modifications and Updates returned for revision
Invoices pending submission
Invoices pending approval
Invoices returned for revision
- Documents Shared with your Organization:** A section where users can select an organization to view shared documents. It includes a dropdown menu and a "Continue" button.
- NYC.ID Account Management:** A section with links to update the user's NYC.ID Name or Email, Password, and 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 ▼

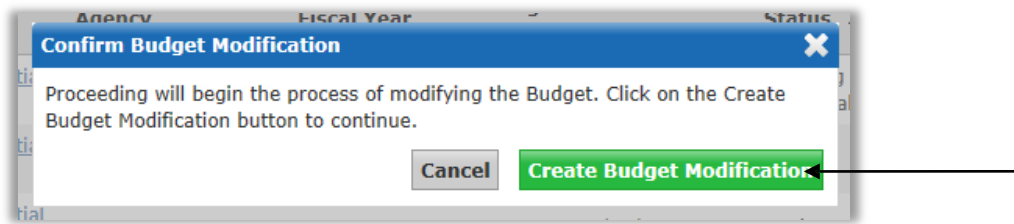
Budgets: 2

Procurement/Contract Title	Agency	Fiscal Year	CT#	Budget Value (\$)	Date of Last Update	Status ▲	Action
© EITC Contract Example	DCA	2016		100,000.00	10/05/2016	Pending Submission	I need to... ▼
© 008-EITC-Example	DCA	2017	CT180620151000071	200,000.00	10/27/2016	Active	<div>I need to...</div> <div>View Budget</div> <div>Submit Invoice</div> <div>Modify Budget</div> <div>Request Advance</div>

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

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

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

The Budget Summary lists how funds are currently allocated. To modify the budget, 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 ▼

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

Program Income

Personnel Services

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

Salaried Employees	Approved FY Budget	Remaining Amount	Modification # FTEs	Modification Amount	Proposed Budget
+ Salaried Employees Total	\$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

✎ Edit 💾 Save ❌ Cancel

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

🗑 Delete ➕ Add ✎ Edit 💾 Save ❌ Cancel
Page 1 of 1

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

[Delete](#)
[Add](#)
[Edit](#)
[Save](#)
[Cancel](#)
Page 1 of 1

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

[Delete](#)
[Add](#)
[Edit](#)
[Save](#)
[Cancel](#)
Page 1 of 1

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

The screenshot shows a 'Confirm Submission' dialog box with the title 'Submit Budget Modification'. It asks, 'Are you sure you want to submit the Contract Budget Modification?'. Below this, it says '* Indicates a required field'. There is a checked checkbox for 'I agree to submit this Budget Modification to the Agency for review.'. Below the checkbox are two input fields: 'User Name:' and 'Password:'. At the bottom, there are two buttons: 'No, do NOT submit this Modification' and 'Yes, submit this Modification'. Arrows point to the checkbox, the 'User Name' field, the 'Password' field, and the 'Yes, submit this Modification' button.

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

The screenshot shows the 'Contract Budget - Modification' page. At the top, there is a green message bar with a checkmark icon and the text: 'Contract Budget has been successfully submitted and will be reviewed by the Agency.' Below this, the page displays 'Contract Information' and 'Fiscal Year Budget Information'. The 'Contract Information' section includes fields for Agency, Procurement/Contract Title, Provider, Procurement E-PIN, Award E-PIN, CT#, Contract Start Date, Contract End Date, Contract Amount, and Program Name. The 'Fiscal Year Budget Information' section includes a table with columns for Start Date, End Date, FY Budget, YTD Invoiced Amount, Remaining Amount, and YTD Actual Paid Amount. At the bottom, there are buttons for 'Save' and 'Submit'.

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

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. The top navigation bar includes links for Organization Information, Document Vault, Applications, Procurements, and Financials. The Financials section is highlighted, and a refresh icon is visible next to its header. Below the Financials header, there is a list of items including 'Active Budgets' with a number '6' next to it. An arrow points to this number. Another arrow points to the refresh icon in the Financials header.

NYC HHS Accelerator

Text Size: A A A

Organization Information Document Vault Applications Procurements Financials

Welcome: John A Doe, Org_765

Provider Homepage

Document Vault

15 Documents in your Document Vault

Alerts

16 Alerts remaining in your Alerts inbox

0 User account requests requiring action

Application

Your Current Organization Status: **Approved**

Your Business Application Status: **Approved**

Your organization has 0 pending Service Applications

Your organization has 2 approved Service Applications

Procurements

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

RFPs with proposals determined eligible for award

Financials

0 Contracts pending registration

1 Modifications and Updates pending submission

6 Active Budgets

0 Modifications and Updates pending approval

0 Budgets pending submission

0 Modifications and Updates returned for revision

0 Budgets pending approval

2 Invoices pending submission

0 Budgets returned for revision

0 Invoices pending approval

0 Invoices returned for revision

Documents Shared with your Organization

No providers have shared documents with you at this time. This section will become active once a provider has granted you access to 1 or more documents.

If you'd like to grant Providers or NYC Agencies view-only access to your documents, you can do so from your [Document Vault](#).

NYC.ID Account Management

[Update your NYC.ID Name or Email.](#)

[Update your NYC.ID Password.](#)

[Update your NYC.ID Security Questions.](#)

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 page. The 'Financials' tab is selected, and the 'Budget List' sub-tab is active. A table lists budgets for the organization. The first budget item, 'Prov Demo - ACS Residential Care', has a dropdown menu 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... View Budget Submit Invoice Modify Budget Request Advance
Prov Demo - ACS Residential Care 2	ACS	2014	30,000.00	12/09/2013	Active	I need to...
Prov Demo - ACS Residential Care 6	ACS	2014	30,000.00	12/09/2013	Active	I need to...
Prov Demo - ACS Residential Care 4	ACS	2014	30,000.00	12/09/2013	Active	I need to...
Prov Demo - ACS Residential Care 5	ACS	2014	30,000.00	12/09/2013	Active	I need to...
Prov Demo - ACS Residential Care 3	ACS	2014	30,000.00	12/09/2013	Active	I need to...

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 the 'Request Advance' modal form. It contains the following fields and information:

- CT#:** CT10680001
- Provider:** Training Provider 1
- FiscalYear:** FY14
- Advance Request Date:** 01/15/2014
- * Advance Amount Requested(\$):** \$00.00 (highlighted with an arrow)
- * Advance Description:** (highlighted with an arrow)
- Buttons:** Cancel, Request Advance (highlighted with an arrow)

A green message bar at the bottom of the modal indicates the request was submitted.

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

NYC
HHS Accelerator

Organization Information Document Vault Applications Procurements **Financials**

Text Size: A A A

Welcome: John A Doe, Org_765

Financials

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

Budget List ?

✓ ! Advance request submitted.

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

Filter Budgets ▾ Budgets:6

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

Budgets: 6

Advance Recoupment

Advances will be recouped starting with the 3rd 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.

Invoice	Recoupment %
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 30th of the month following the service month.

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

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 31st, 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 31st, or August 2nd if the end of month is on the weekend.

1.3 Invoice Approval Process

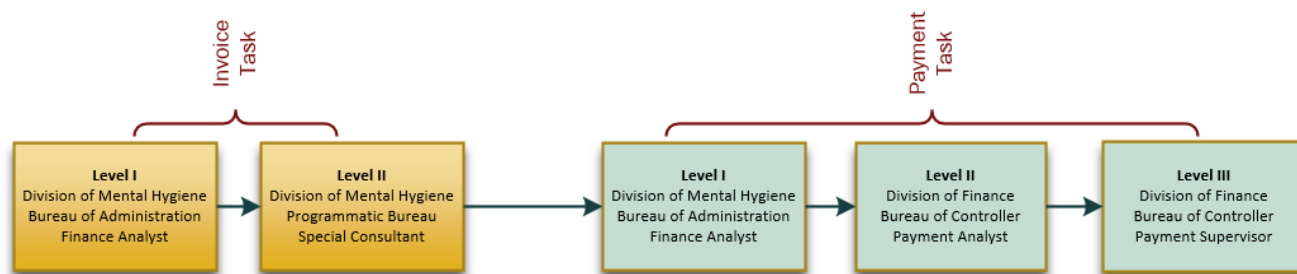
There are two approval levels within DOHMH for Invoice tasks:

- 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 30th and will be reviewed under the pre-payment policy.

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

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.

NYC HHS Accelerator Organization Information Document Vault Applications Procurements Financials

Text Size: A A A

Welcome: provider provider, HELP Social Service Corporation

Provider Homepage

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

! 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

! 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

2 Budgets pending submission

0 Budgets returned for revision

0 Modifications and Updates pending submission

0 Modifications and Updates returned for revision

1 Invoices pending submission

3 Invoices returned for revision

37 Active Budgets

1 Budgets pending approval

0 Modifications and Updates pending approval

10 Invoices pending approval

5 Contracts pending registration

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.](#)

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 Value(\$)	Last Updated	Status	Action
© Recreational and Socialization Services for Individual with Autism Spectrum Disorders Initiative Contract 1	DOHMH	2018	CT181600000003	60,000.00	10/11/2017	Active	<div>I need to...<ul style="list-style-type: none">View ContractView InvoicesView BudgetSubmit InvoiceModify BudgetRequest 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

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

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

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

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

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

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

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

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

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

Program Budget		\$60,000.00			
Budget Summary		Personnel Services	Operations & Support	Utilities	Professional Services
Contracted Services		Unallocated Funds	Indirect Rate		Rent
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	
Total Program Income (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00	\$0.00	
Total Program Budget (City Funded Budget + Program Income)	\$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

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

	# Positions	Remaining Amount	Invoice Amount
Salaried Positions			
+ Salaried Positions Total	2	\$25,000.00	\$0.00

	# Positions	Remaining Amount	Invoice Amount
Hourly Positions			
+ Hourly Positions Total	1	\$10,000.00	\$0.00

	Rate	Remaining Amount	Invoice Amount
Fringe Benefits			
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.

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:	\$0.00
Invoice City Salary:	\$0.00
Invoice City Fringe:	\$0.00 (0.00%)
YTD Invoiced Amount:	\$0.00

Salaried Positions	# Positions	Remaining Amount	Invoice Amount
- Salaried Positions Total	2	\$25,000.00	\$0.00
Case Manager (301)	2	\$25,000.00	2000.00

Edit Save Cancel Export
Page 1 of 1

Hourly Positions	# Positions	Remaining Amount	Invoice Amount
+ Hourly Positions Total	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

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

Invoice Total Operations, Support and Equipment :	\$120.00
Total YTD Invoiced Amount :	\$0.00

Operations and Support	Remaining Amount	Invoice Amount
– Operations and Support	\$1,600.00	\$120.00
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	8.00 ✕
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
Save
✕ Cancel

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.

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	Remaining Amount	Invoice Amount
- Rent					\$3,000.00	\$0.00
Location	Company	Owner	No	75.00%	\$3,000.00	250.00 x

✓ Edit Save Cancel Page 1 of 1

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**.

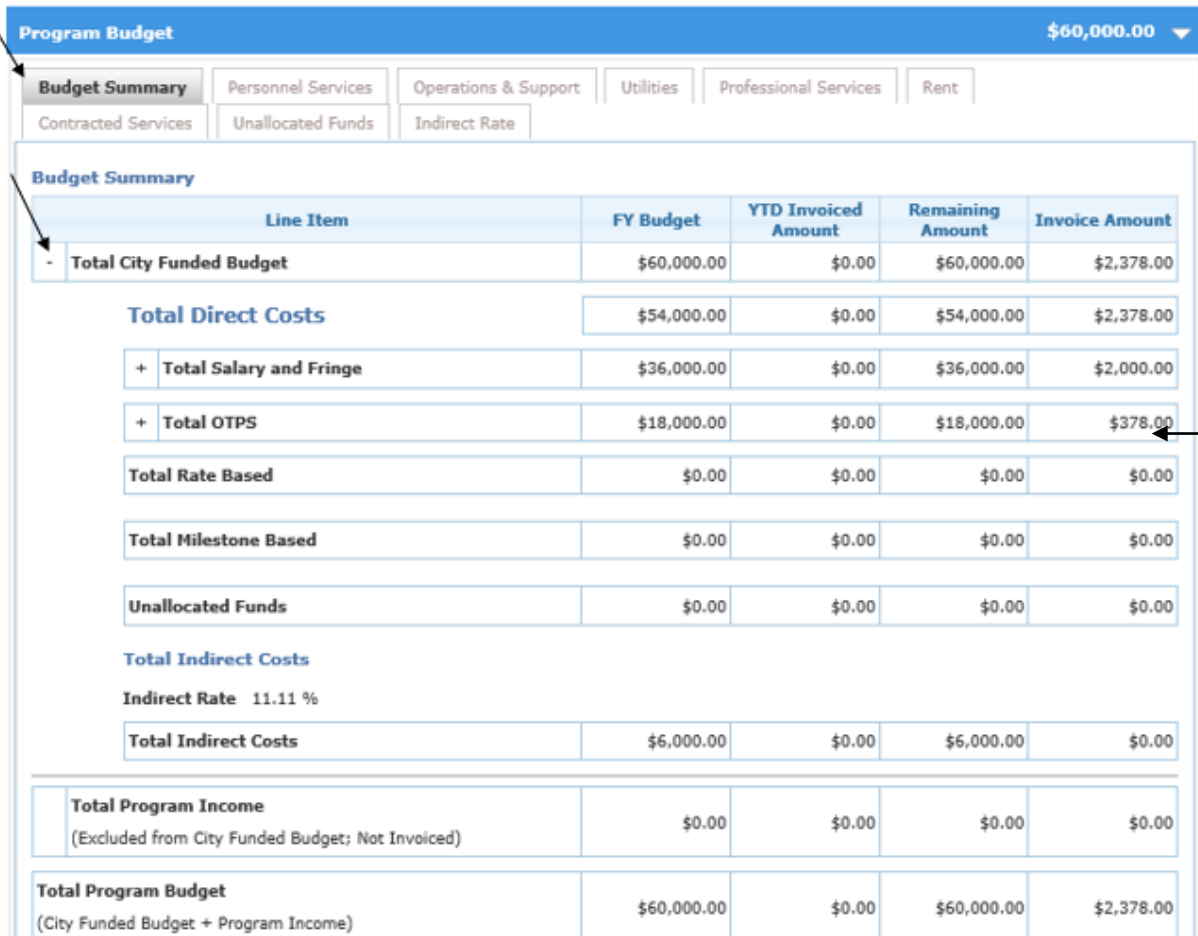
Click on the **“+”** symbol next to the **Rent** row to expand the grid.

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.



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	\$2,378.00
Total Direct Costs	\$54,000.00	\$0.00	\$54,000.00	\$2,378.00
+ 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
Total Indirect Costs				
Indirect Rate 11.11 %				
Total Indirect Costs	\$6,000.00	\$0.00	\$6,000.00	\$0.00
Total Program Income (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00	\$0.00
Total Program Budget (City Funded Budget + Program Income)	\$60,000.00	\$0.00	\$60,000.00	\$2,378.00

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

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

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:		Service Date To:	
Service Date From:		Invoice Approved Date:	N/A
Invoice Submission Date:	N/A		

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

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

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

Program Budget	\$60,000.00	◀
Documents		◀
Advances		◀
Assignments		◀

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

Documents

[Add Document from Vault](#)
[Upload New Document](#)

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

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 displays a software interface for managing assignments. At the top, there's a blue header bar labeled 'Assignments'. Below it is a table with three columns: 'Assignments', 'YTD Assignment Amount', and 'Invoice Amount'. The table contains one row with a plus icon and the text 'Assignments' in the first column, and '\$0.00' in the other two 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 for entering comments, with a prompt 'Enter any comments:' and a sub-prompt 'Click the 'Save' button above to save your comments.' Arrows from the left and right point to the 'Comments' tab and the 'Save' button respectively.

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

[Add Assignee](#)

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

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

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

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
Total Proposed Payment to Vendor	\$2,378.00

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

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

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”**.

Confirm Submission

Submit Invoice

Are you sure you want to submit this Invoice?

☒ 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.

* User Name:

* Password:

[No, do NOT submit this Invoice](#) [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 displays the NYC HHS Accelerator Provider Homepage. The top navigation bar includes links for Organization Information, Document Vault, Applications, Procurements, and Financials. The main content area is divided into several sections:

- Application:** Shows the current organization status as **Suspended (Filings Expired)**. It indicates 0 pending Service Applications and 26 approved Service Applications. A warning message states: "Your Business Application expired on 07/03/2016".
- Filings:** Shows the Filings Status as **Expired**. It provides details on the fiscal period (07/01/2014 to 06/30/2015), last CHAR500 approved (07/01/2016), next CHAR500 due date (05/15/2017 (FY16)), registration type (Dual/Executive Law Article 7-A (7A)), and last CHAR500 uploaded (07/01/2016). A warning message states: "Your CHAR500 has expired".
- Procurements:** Shows 0 RFPs eligible for release within 30 days and 0 RFPs eligible for due dates within 30 days. It also shows 1 RFP with draft or submitted proposals and 2 RFPs with proposals determined eligible for award.
- Financials:** This section is highlighted with a green refresh icon. It shows 2 Budgets pending submission, 0 Budgets returned for revision, 0 Modifications and Updates pending submission, 0 Modifications and Updates returned for revision, 1 Invoices pending submission, and 4 Invoices returned for revision. A red arrow points to the "4 Invoices returned for revision" link.
- Documents Shared with your Organization:** States that no organizations have shared documents with the user at this time.
- NYC.ID Account Management:** Shows 0 user account requests requiring action, with links to update the NYC.ID Name or Email, Password, and Security Questions.

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	CT18160000003		Returned for Revision	I need to... View Invoice Withdraw View Contract View Budget

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
Total Proposed Payment to Vendor	\$2,378.00

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	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
Total Proposed Payment to Vendor	\$2,378.00

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	\$2,378.00
Total Program Income (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00	\$0.00
Total Program Budget (City Funded Budget + Program Income)	\$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](#)

Invoice City Salary & Fringe:	\$2,000.00
Invoice City Salary:	\$2,000.00
Invoice City Fringe:	\$0.00 (0.00%)
YTD Invoiced Amount:	\$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 style="width: 50px;" 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:	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
Total Proposed Payment to Vendor	\$2,378.00

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](#)

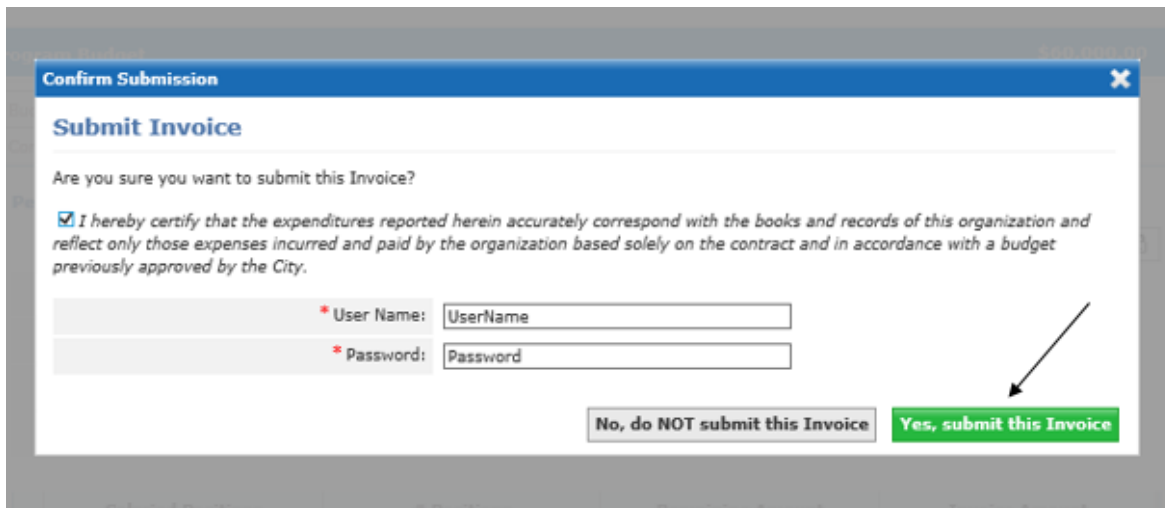
Invoice City Salary & Fringe:	\$2,000.00
Invoice City Salary:	\$2,000.00
Invoice City Fringe:	\$0.00 (0.00%)
YTD Invoiced Amount:	\$0.00

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

[Print](#)
[Save](#)
[Cancel](#)
[Export](#)

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.



Confirm Submission

Submit Invoice

Are you sure you want to submit this Invoice?

☒ 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.

* User Name:

* Password:

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

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

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



NYC HHS Accelerator

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

Text Size: A A

Welcome: provider provider, HELP Social Service Corporation

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

[Return to Invoice List](#)

Status: Pending Approval [Print Invoice](#)

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

Budget Summary
Personnel Services
Operations & Support
Utilities
Professional Services
Rent

Contracted Services
Rate
Milestone
Unallocated Funds
Indirect Rate
Program Income

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
Operations and Support	\$4,900.00	\$130.00
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.