

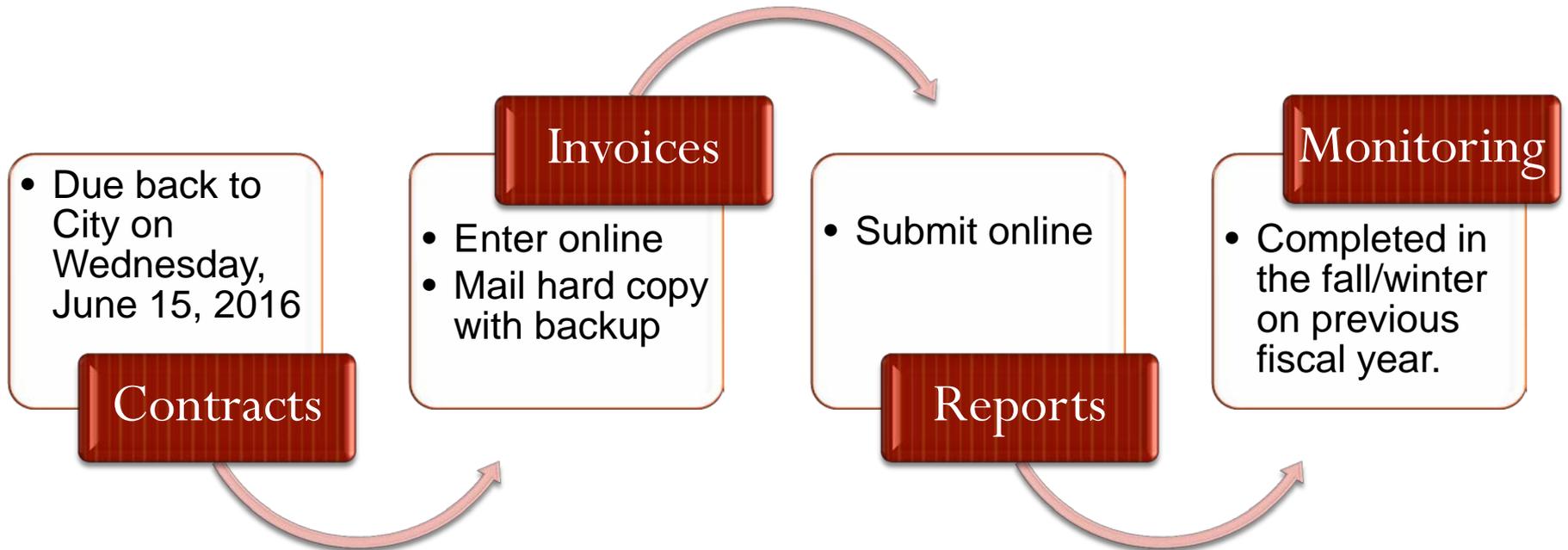
# City of Livermore City of Pleasanton

## **FY 2016-17 Grant Contract Workshop**

*May 24, 2016*



# Basic Grant Requirements



# Contracts

## Due Wednesday, June 15, 2016

### Before the City will execute the contracts:

- All contracts must have original signatures
  - Livermore – Invoice Designee form
- Current insurance certificates **MUST BE** included
  - Livermore – insurance submitted through **PINS**
- Must include a DUNS number
- Must register and maintain Central Contractor Registration
- Must have a Business License with City

# Contracts

- Format and information is the same as previous years
- All relevant documents are provided in your packet
  - Livermore–Direct Deposit & Invoice Designee forms
- Refer to HHSG Policy and Procedures Manual for program requirements
- ***All programs are subject to 2016 Income Limits***

# Requesting Reimbursement

- All FY 2016 invoices will be entered and tracked in ZoomGrants
- **Every request for reimbursement MUST include:**
  1. Invoice form with authorized original signature
  2. Summary of expenditures correlates the invoice and the backup materials
  3. Backup documentation; highlight each of the line items listed in the summary of expenditures

# Requesting Reimbursement

## Public Services

### **Back-up documentation will include:**

- Summary of expenses including, hours, salaries and benefits being reimbursed with grant funds
  - Include the hourly rate for each employee
- Signed timesheets for each employee being reimbursed through grant funds
- Receipts for any supplies purchased or other bills to the grant (*food must be a direct service to clients*)

# Requesting Reimbursement

## Capital Projects

### **Back-up documentation will include:**

- Summary of expenses for which you are requesting reimbursement
- Receipts/invoices from all subcontractors
- Proof of payment to subcontractors
- If applicable, prevailing wage documentation

# Davis-Bacon

## Federal Prevailing Wage

### Only applies to...

- Construction projects funded with \$2,000 or more of federal (CDBG or HOME) funding

### Refer to HHSG Policy Manual for checklist

- Policy Manual has steps to guide you through the process and documentation to submit
- Contract amount determines the requirements
- Must use a Federal Wage Decision

# Reporting Requirements

## Livermore

- Due quarterly  
(October 15, January 15,  
April 15, and July 15)

## Pleasanton

- Due semi-annually  
(January 15 and July 15)

## Year End Report - CAPER

- Data will be cumulative from quarter/semi-annual reports
- Final ZoomGrants report for the year will include several additional CAPER narrative questions

# Additional HUD Reports

## **Varies according to project and funding source**

- Federal Compliance Checklist
- Equipment Report  
*(fixed assets purchased with federal funds)*

## **Reports for Davis-Bacon eligible Capital Projects**

- Semi-Annual Labor Report
- MBE/WBE Report  
*(minority/women-owned business enterprises)*
- Section 3 *(hiring of local labor)*

# Annual Monitoring

## **Review of program performance of prior Fiscal Year**

- Agency capacity
- Project file documentation
- Records management client eligibility

## **Information in Policy and Procedures Manual**

- Overview of Monitoring Process and Instructions
- On-site Monitoring Form with questions

# ZOOMGRANTS

## Zoom Grants Set up for FY 2016-2017

- Each agency is allowed only one ID
- Logging on for invoicing and reporting is the same as for submitting an application

### IMPORTANT

- Update agency contact information if there have been personnel changes, etc.

# ZOOMGRANTS

## Submit the following through Zoom Grants

- Quarterly and Semi-annual reports
- Reimbursement Requests (invoice)
  - ZoomGrants will automatically track the drawdown of funds from the total grant amount

## Three components of an Invoice reimbursement

1. Cover sheet (generated in ZoomGrants)
2. Summary of expenditures (key to backup)
3. Backup documentation (tied to summary)

# ZOOMGRANTS

## Invoice reimbursement process

1. Enter invoice info in ZoomGrants
2. Upload backup documentation
3. Must click “Submit” button to record an invoice within the ZoomGrants system
  - Livermore – *Do not* download and send in wet signature and backup documentation.

Step 1

Cover Sheet

Invoice

Data entry area

Invoice submittal is a two-step process. Please complete the following invoice questions and submit electronically. You must also mail a signed hardcopy of this invoice with all supporting documentation to the following address:

City of Livermore Housing and Human Services Division, Attn: HHSG Grant Invoice, 1052 South Livermore Avenue, Livermore, CA 94550.

Date Submitted

Submit



[delete this invoice]

Invoice Number

Requested Amount \$

Invoice Contact Name

Invoice Contact Phone

Invoice Contact Email

Payment Instructions

Time period covered by this invoice:

From

To

Account Expenditures reported on this invoice by category:

Capital Expenditures

Public Services/Operations

Authorized Signature of Approval (note: Wet signature required on hardcopy version sent to City for approval):

Invoice Status

Invoice Status

Pending

Approved Amount

Approval Date (mm/dd/yyyy)

Approved by

Invoice Decision Comments

(Data in this area updated by system)

Payments

(for this Invoice only)

-none-

Total \$0.00

Current Funding Snapshot

(for this full Proposal only)

Invoices

Initial Award Amount

\$1.00

Other Invoices Pending

Other Invoices Approved

Other Invoices Paid

This Invoice

(-) \$

Still Available

\$1.00

Payments

Initial Award Amount

\$1.00

Payments Pending

(-)

Payments Completed

(-)

Still Available

\$1.00

Data not required for every field (but system will prompt)

# ZOOMGRANTS

## Step II

### Invoice

Invoice submittal is a two-step process. Please complete the following invoice questions and submit electronically. You must also mail a signed hardcopy of this invoice with all supporting documentation to the following address:

City of Livermore Housing and Human Services Division, Attn: HHSG Grant Invoice, 1052 South Livermore Avenue, Livermore, CA 94550.

Click the "Submit Invoice" button before printing, so that your invoice has a date/time stamp and the update of the current funding snapshot will occur automatically.

Date Submitted			-none-	Total \$0.00
Invoice Number	<input type="text"/>	<a href="#">[delete this invoice]</a>		
Requested Amount	\$ <input type="text"/>			
Invoice Contact Name	<input type="text"/>			
Invoice Contact Phone	<input type="text"/>			
Invoice Contact Email	<input type="text"/>			
Payment Instructions	<input type="text"/>			

### Time period covered by this invoice:

From

To

### Invoice Status

Invoice Status	Pending
Approved Amount	
Approval Date (mm/dd/yyyy)	
Approved by	
Invoice Decision Comments	

### Payments

(for this Invoice only)

	-none-	Total \$0.00
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### Current Funding Snapshot

(for this full Proposal only)

<b>Invoices</b>	
Initial Award Amount	\$1.00
Other Invoices Pending	
Other Invoices Approved	
Other Invoices Paid	
This Invoice	(-) \$
<b>Still Available</b>	<b>\$1.00</b>

### Payments

Initial Award Amount	\$1.00
Payments Pending	(-)

### Agency/Program Name

City of Livermore, California  
FY 2015-2016 Livermore Housing & Human Services Grant Program

Make sure to click the "Submit Invoice" button before printing so that your invoice has a time/date stamp and updates the Current Funding Snapshot.

<b>Invoice</b>	<b>Invoice Status</b>
Date Submitted	Invoice Status
Invoice Number (your invoice number)	Approved Amount
Requested Amount	Approval Date (mm/dd/yyyy)
Invoice Contact Name	Approved by
Invoice Contact Phone	Invoice Decision Comments
Invoice Contact Email	
<b>Payment Instructions</b>	<b>Current Funding Snapshot</b>
	(for this full Application only)
	Invoice
	Initial Award Amount
	Pending
	Approved
	Paid
	(-) \$13,314.41
	<b>Still Available</b>
	This Request
	(-) \$1767.06
	<b>New Total</b>
	\$74918.53
<b>Time period covered by this invoice:</b>	
09/01/2015 From	
09/30/2015 To	
<b>Account Expenditures reported on this invoice by category (\$ amount):</b>	
0 Capital Expenditures	
1767.06 Public Services/Operations	
<b>Authorized Electronic Signature of Approval:</b>	
	
Maximum characters: 250. You have 250 characters left.	
To add a question click "Edit"	
Maximum characters: 250. You have characters left.	
To add a question click "Edit"	
Maximum characters: 250. You have characters left.	

When you click the "Submit Invoice" button, the "Still Available" dollars in the Current Funding Snapshot will correctly display the fund balance.

### Documents Requested \*      Uploaded Documents \*

Please upload the scanned backup documentation for your invoice. Be sure to include a copy of the signed ZoomGrants cover sheet AND a summary that links the amount of your invoice request to the appropriate locations in the backup documentation.

\*ZoomGrants™ is not responsible for the content of uploaded documents.

# ZOOMGRANTS

## Reporting Accomplishments

- Submit all reports via ZoomGrants
- **Do not submit hard copies of reports**
- Only report numbers for the specific reporting period
- Year end report will include several supplemental questions

City of Livermore Housing & Human Service Grant FY  
2016-2017

CLOSED  
Deadline 1/29/2016

Open Programs | Description | Restrictions | Contact Admin | Announcements

City of Livermore  
Test Proposal: Stay Calm & House Everyone  
\$ 5,000.00 requested

Application Status: **Approved \$ 0.00**  
Submitted: 5/17/2016 11:49:19 AM (Pacific)

Print/Preview

Summary | Application Questions | Budget | Documents

Activity Log

Financials | **Report** | Report Totals

Ask a Report Question

(answers are saved automatically when you move to another field)

Instructions Show/Hide

Report 1: 10/15/2016 | Report 2: 1/15/2017 | Report 3: 4/15/2017 | **Report 4: 7/15/2017**

Report 4: 7/15/2017

Submit Report 4

GENERAL INFORMATION

1. Name of Person Completing Report:

Maximum characters: 255. You have 255 characters left.

2. Title:

Maximum characters: 255. You have 255 characters left.

3. Telephone:

Maximum characters: 255. You have 255 characters left.

4. E-Mail:

Maximum characters: 255. You have 255 characters left.

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Maximum characters: 2000. You have 2000 characters left.

6. Describe any significant actions taken during the reporting period.

Maximum characters: 2000. You have 2000 characters left.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Maximum characters: 2000. You have 2000 characters left.

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
- No

9. Were any Livermore grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

In the Report section, you will find quarterly report tabs.

We will use the 4<sup>th</sup> Quarter Report as an example, since it is different from reports for Quarters 1-3.

Questions 1-9 are basic and similar to last year's format.

## CLIENT DATA

**10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):**

- Persons  
 Households

**11. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):**

- A) Numeric GOAL stated in your HHSG contract for the number of Livermore clients to be served THIS FISCAL YEAR (unduplicated)
- B) Number of NEW LIVERMORE CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
- C) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Livermore clients, enter a zero; do not include Livermore residents in this answer)

**12. Please indicate the number of new, unduplicated Livermore clients served during this reporting period, as reported in 11B above, who met the following income categories:**

*(the total should match the number reports in 11B above)*

- Extremely Low Income (<30% Median)
- Very Low Income (30% to 50% Median)
- Low Income (50% to 80% Median)
- Moderate Income and Above (>80% Median)

**13. Please indicate the number of new, unduplicated Livermore clients served during this reporting period, as reported in 11B above, who met the following special categories:**

*(note that some clients may meet multiple categories and some not any)*

- Seniors (62 and older)
- Disabled
- Female-Headed Households

**Questions 10-14 are for reporting numbers of unduplicated clients served for the specific reporting period (not cumulative).**

14. List the number of new, unduplicated Livermore clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

- White
- White + HISPANIC
- Black/African American
- Black/African American + HISPANIC
- Asian
- Asian + HISPANIC
- American Indian/Alaskan Native
- American Indian/Alaskan Native + HISPANIC
- Native Hawaiian/Other Pacific Islander
- Native Hawaiian/Other Pacific Islander + HISPANIC
- American Indian/ Alaskan Native and White
- American Indian/ Alaskan Native and White + HISPANIC
- Asian and White
- Asian and White + HISPANIC
- Black/African American and White
- Black/African American and White + HISPANIC
- American Indian/Alaskan Native and Black/African American
- American Indian/Alaskan Native and Black/African American + HISPANIC
- Other/Multi Racial
- Other/Multi Racial + HISPANIC

It is imperative that your internal intake and tracking procedures provide for collection of this data.

## UNITS OF SERVICE

**15. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.); should match the unit of service stated in your HHS contract):**

Maximum characters: 255. You have  characters left.

**16. Please complete the following table regarding the UNIT OF SERVICE listed above:**

Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

Number of units of service provided to Livermore clients during THIS REPORTING PERIOD (if none, enter a zero)

Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter zero if not applicable or if project serves only Livermore clients; do not include Livermore units in this answer).

**17. Please include any additional comments or clarifications here (if you have no additional comments, enter “N/A”):**

*[e.g., additional unit of service types, anecdotal information, etc.]*

Maximum characters: 2000. You have  characters left.

Questions 15-17 are for reporting “units of service” delivered during the specific reporting period (not cumulative).

You may report on up to three different service unit types (agency-defined; must relate to the units of service in your funding contract).

### CAPER REPORT (END OF YEAR)

18. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

19. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

20. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

21. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

22. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

23. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

24. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Questions 18-24 are specific to the year-end CAPER. They are always visible but ONLY need to be completed with your final report of the year (by July 15, 2017).

# Conclusion

- You **must** update your intake forms with the **2016 income limits**
- ZoomGrants may come out with improvements or enhancements during the year; staff will update agencies via email
- For ZoomGrants technical questions and support, **contact Geoff or Emily at (866) 323-5404 x 2 or [Questions@ZoomGrants.com](mailto:Questions@ZoomGrants.com)**

# We look forward to working with you!

## **Jean Prasher/Ty Robinson**

### **City of Livermore**

Housing and Human Services Division  
1052 S. Livermore Avenue  
Livermore, CA 94550

Direct: 925-960-4586

Main: 925-960-4580

Fax: 925-960-4419

#### **Email:**

[japrasher@cityoflivermore.net](mailto:japrasher@cityoflivermore.net)



## **Fran Reisner**

### **City of Pleasanton**

Housing Division  
200 Old Bernal Ave., P.O. Box 520  
Pleasanton, CA 94566-0802

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